TRAINING IN PSYCHIATRIC SOCIAL WORK

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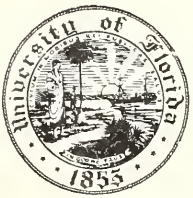

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TRAINING IN PSYCHIATRIC SOCIAL WORK

Training in Psychiatric Social Work

AT THE INSTITUTE FOR CHILD GUIDANCE
1927–1933

BY SARAH H. SWIFT

FOREWORD BY LAWSON G. LOWREY, M.D.

NEW YORK
The Commonwealth Fund
LONDON · HUMPHREY MILFORD · OXFORD UNIVERSITY PRESS
1934

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PUBLISHED NOVEMBER, 1934

PRINTED BY E. L. HILDRETH & COMPANY, INC., BRATTLEBORO, VERMONT

ACKNOWLEDGMENTS

During the preparation of this book, Dr. Marion E. Kenworthy, Dr. Lawson G. Lowrey, and Miss Christine C. Robb generously devoted much time to the reading of the manuscript. For their helpful suggestions the author is very grateful. She also wishes to acknowledge the assistance of Miss Lorraine Fraser, who compiled the statistical material, and that of Miss Mary Augusta Clark, who was kind enough to examine all these data and to help in their interpretation.

S.H.S.

September, 1934

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FOREWORD

IT was part of the original plan of the Institute to study the problems involved in field and clinical training of workers in child guidance. Previous to 1927, when the Institute was founded, all too little consideration had been given to this subject, which is so important for the study and treatment of difficulties arising in human relationships, as exemplified by the problem child and his family. In only a few centers had field training for social workers and clinical training for psychologists and psychiatrists been thoughtfully planned and carried through. In most instances, training had been a matter of putting people to work, adding occasional criticisms, and offering opportunity for attendance at conferences and seminars.

The Institute was planned to offer more intensive training experience for psychiatrists, psychologists, and social workers than is ordinarily possible when the primary function of an organization is service. It did not aim to give theoretical training; instead its function was to offer a coordinated, supervised practical experience in the application of theory to practice. The number of people to be trained (maximum in training at one time 54); variety of the groups—psychiatrists, psychologists, and social workers; diversity of backgrounds and particular interests; variations in length of time spent and in schedules for the period; need for protection of the interests of patients; interaction of personal, family, school, and other problems and the need for treatment of such difficulties as they emerged—these and other factors not only presented particular difficulties and challenges but especial opportunities for the study of the various factors involved in providing the most satisfactory training to be offered in each field.

General plans varied for each of the three groups according to the qualifications required for admission to training. Thus all psychiatrists were already trained by postgraduate work in the fundamentals of psychiatry. The chief points to be met in their year of training experience were to provide: supervised work with children, a new field for practically all of them; additions to their technical armamentarium for examination and treatment; and opportunity to develop ability for team work, capacity to assume leadership, and comprehension of the contributions to be made by other members of the group.

Psychologists who came for training were competent, by virtue of graduate work, to handle the usual series of "mental tests." They usually lacked clinical experience in the interpretation of these tests in relation to other findings, and had only rarely had experience in working with other people professionally engaged in the study of human behavior. The training needs then were to amplify experience with tests, emphasizing their interpretation and correlation with other findings, and to develop team work.

With the social workers, as Miss Swift shows in detail in the following pages, the issues to be met were much more varied. The two schools of social work with which these students were associated operated according to different schedules for time spent in field work and used different curricula of classroom instruction. Furthermore, the students varied greatly in the extent of previous experience with case work in general or in specific fields. Accordingly, the problems of supervision were complicated not only by the needs of the patients, but by the needs of the students. This was naturally true in all divisions of Institute training, but much more so in social service than in the other two divisions. The larger number of social service students by comparison with any

other group, the emphasis laid on work with the child in his ordinary environments, the intricacies of interaction of situational factors, and the fact that most treatment work by the student was carried on away from the Institute and so divorced from immediate staff help, made the study of the training methods in this setting of particular interest.

Miss Swift has outlined the way in which the Institute met these problems.[1] Stubborn though not insuperable obstacles were encountered. The most difficult one was that so many cases had to be carried by student workers in all fields. This imposed a heavy burden on supervisors, and explains the supervisory set-up of the Institute.

The study here presented is particularly important because it shows how closely the training methods were related to the individual student and her needs. It seems clear that statistical evaluation of work, such as is set forth in this study, has its chief value in illuminating the needs of the particular student. In other fields of clinical training, it may be possible to lay more emphasis on what are commonly called objective or concrete findings, and permissible perhaps to disregard the reactions of students, though I doubt it. But it is certain that in work with family relationships this is never possible—the very conditions to be met are so common to us all and the personal reactions so emotionally upsetting to many of us, that genetic relationships must always be borne in mind. The inescapable conclusion from this study is that adequate supervision of students in the mental hygiene field involves a cer-

1 Detailed material regarding the difficulties encountered in programs for simultaneous training of several professional groups of disparate training, outlook, and expectations will be found in:

a) Lawson G. Lowrey, M.D., and Geddes Smith, *The Institute for Child Guidance 1927–1933* (New York: The Commonwealth Fund, 1933).

b) Lawson G. Lowrey, M.D., Five Years' Experience in Supervision of Psychiatrists, Psychologists and Psychiatric Social Workers in Simultaneous Training (Report of Section Meeting, 1933), *American Journal of Orthopsychiatry*, 3 (3): 278–309 (July, 1933).

tain amount of therapeutic approach. It is essential, according to our experience, that this be kept to a minimum and related only to case work failures or blockings.

Miss Swift has made an objective evaluation of the experience of the Institute staff over a period of six years. The entire staff of the Institute joined in the collection of the data on which her study is based. She, however, has performed the arduous task of presenting and analyzing the data and of setting forth the evaluation of the staff thinking on training problems. As case work supervisor and later as educational supervisor, in intimate contact with students and staff members, she was in a strategic position to interpret the training experience. The findings are offered for careful study by all serious observers in the field. It is to be hoped that further work in other centers may clarify some of the pressing problems still unsolved.

LAWSON G. LOWREY

September, 1934

I

INTRODUCTION: CHANGES IN CONCEPTS OF TRAINING IN PSYCHIATRIC SOCIAL WORK

FACILITIES for training psychiatric social workers represent provision for a relatively recent specialization in the field of social work. The multiplicity of changes in content and method of training which has taken place in the short time since it was established, indicates the extreme fertility and rapidity with which this branch of social case work has developed. The concepts and philosophy of social psychiatric therapy have been and are still being modified by the thinking of psychiatrists and psychiatric social workers, and by experiences in non-psychiatric agencies where the formulations of psychiatric social work are constantly being utilized. Present trends had their origin in the earlier historical phases of mental hygiene and it is there that the sources of the modern social psychiatric point of view will be found.

During the first quarter of the century, there were indications of a new and more hopeful approach to the problems of mental illness. Great progress was being made in understanding the purposiveness of human behavior, and the causative factors underlying the social or asocial responses of the individual to his environment. From this understanding a marked therapeutic advance in the treatment relationship developed. Among individuals whose contributions to this progress were outstanding are Doctors Herman M. Adler, C. Macfie Campbell, Bernard Glueck, William Healy, Marion E. Kenworthy, David M. Levy, Lawson G. Lowrey,

Adolf Meyer, Thomas W. Salmon, Elmer E. Southard, William A. White, and Frankwood E. Williams.

The beginnings of psychiatric social work occurred during this period of advance in psychiatric thinking. Social service workers were detailed to work under psychiatrists in state hospitals and with clinic or hospital patients in several communities: Baltimore, Boston, Chicago, and New York. This beginning application of social work techniques within the field of psychiatry received a great impetus in 1917–1918 due to the demands for psychiatric service resulting from the war. Psychiatrists, aware of the potential value of social workers in the usual psychiatric services, saw an opportunity of developing valuable assistants in dealing with the large numbers of men who had developed conditions requiring psychiatric care under the strain of war service. In order to assist in meeting this emergency, a special training course—the Smith College School for Social Work—was organized by Dr. Southard and Miss Mary C. Jarrett. This was the first attempt to provide systematic training in this new field of work. During the same year, 1918, courses in mental hygiene were included in the curriculum of the New York School of Social Work and by 1920 integration of theory and practice in field work was being realized in the training of psychiatric social workers at this school under the leadership of Dr. Glueck and Dr. Kenworthy. At this time, facilities for field work training were necessarily limited to mental hospitals and psychiatric clinics of the out-patient departments in large general hospitals.

In 1921, special opportunities for valuable field work experience were made possible through the establishment of the Bureau of Children's Guidance by the Commonwealth Fund. The Bureau, under the medical directorship first of Dr. Glueck, later of Dr. Kenworthy, functioned as a child guid-

ance clinic for the study and treatment of behavior problems in children, and as a center for field work training for students in psychiatric social work from the New York School. In providing for this kind of case and this type of training we see a reflection of the emphasis beginning to be placed at this time on the importance of work with children. The possibilities for achieving more satisfactory results in therapy were recognized in working with children through helping to shape their environmental influences during the formative years, and bringing them into a more harmonious adjustment at home, at school, and at play. Further evidence of this trend is found in the general expansion of programs for child guidance in these years.

Coincident with the opening of the Bureau, under the Commonwealth Fund program, the National Committee for Mental Hygiene began a five year demonstration of child guidance work which resulted in the establishment of such clinics in eight different cities in the United States. These clinics, together with similar clinics established earlier in Chicago and Boston by Dr. Healy,[1] served to enlarge the field of psychiatric social work. By this time mental hygiene courses had been incorporated into the training programs of other progressive schools of social work beside the two original ones, and recognition of the importance of focusing on behavior problems in children was common to all.

Concurrently, case workers in all social agencies, irrespective of the particular administrative setting in which they were working, were gradually becoming aware of the help to be obtained from psychiatric resources in their own case work responsibility; and the thinking of the community was becoming permeated by mental hygiene concepts, through

1 Juvenile Psychopathic Institute, Chicago, founded in 1909 (now the Institute for Juvenile Research) and Judge Baker Foundation, Boston, established in 1917 (now the Judge Baker Guidance Center).

popular literature, lectures, and contacts with professional workers in the field. This brought an increasing demand for psychiatric service from parents, teachers, and others concerned with handling difficult children, which tended to further the development of psychiatric social work.

The rapid expansion of child guidance throughout the country called for trained personnel to fill the positions thus made available. In response to this need, following the closing of the Bureau of Children's Guidance in 1927, the Institute for Child Guidance was established by the Commonwealth Fund. The functions of the Institute were: first, to serve as a training center; second, as a child guidance clinic to handle cases of emotional unadjustment in children; and third, to do research based on the clinical and training programs. The training opportunities included field work for students of psychiatric social work from both the New York School of Social Work and the Smith College School for Social Work and specialization in child guidance work for psychiatrists and psychologists.

The team work relationship of psychiatrist, psychologist, pediatrician, and psychiatric social worker at the Institute provided for an intensive sort of initial exploration into the child's personality and environment. The contribution from each field was considered essential in most cases to the psychiatrist's grasp of the underlying causative factors in the situation. The insight thus obtained was utilized by him in planning his therapeutic relationships with child and family. This procedure furnished a short cut that was of great value since it enabled the psychiatrist to carry many more cases than he could otherwise handle adequately.

For a considerable period of time in many centers the objective of release of psychiatric time continued to be seen as of major importance in child guidance clinics. This was a

natural outgrowth of conditions in organizations sorely pressed to provide help on problems of emotional adjustment as adequately as possible in terms of number of cases and value of service. Necessarily, then, in the earlier days, the formulation of training concepts was largely controlled by this objective, with the result that emphasis was placed on the selection of significant material to be included in the lengthy and detailed social examinations for the use of the psychiatrist. Relatively superficial techniques of treatment, mostly in terms of manipulating the environment, were utilized by the psychiatric social workers to aid the psychiatrist in working with the child.

There was a gradual shift from this point of view as intensive work with children brought the realization that except in some of the adolescent cases which might be handled in much the same way as adults, direct treatment can often be carried on most effectively with one or both parents, or with some other adult holding a key position in the family constellation. The change in treatment emphasis put an increasingly great responsibility on the social worker, at the same time opening up for her a vast new area of opportunity.

From this point, which was arrived at earlier in some training centers than in others, the challenge to the social worker inherent in the more vital relationship with her client hastened the moment when she could clarify for herself social psychiatric concepts and apply them in her work. At this time, the potentialities of interaction between psychiatry and social case work were effectively realized and in so far as these potentialities have been sustained and nurtured, there has been steady growth and maturation in psychiatric social case work. The integration of psychiatric theory with practice achieved in handling the client relationship became then for the social worker the dynamic source of her ability to grow

and profit by the professional contacts with clients and associates. Her position, in other words, had shifted from that of a somewhat detached auxiliary to one of greater responsibility and creative opportunity.

In an ideal relationship between psychiatrist and psychiatric social worker, the work of the two would be so closely integrated that the client could accept both as sources of help without making one or the other the sole focus of his emerging emotional needs. Such complete collaboration is probably seldom achieved. It may be approximated in a clinic where the philosophy of case handling and the conviction of both individuals participating in treatment allow for a shared therapeutic relationship. In working out the joint approach, the two associates would help the client to use the relationship as the means of recognizing his own needs and capacities but on a level relatively near the surface of consciousness. Exploring the deeper levels of the unconscious is not usually possible in the child guidance clinic unless the therapist is in a position to assume total responsibility for treatment of the individual.

The potentialities of the collaboration of psychiatrist, psychologist, and social worker were early recognized in some centers. The value that results from a smoothly working and essentially mature team work relation, in helping a child achieve a more harmonious adjustment to life still seems to many clinicians, at this stage of therapeutic advancement, a factor of the greatest importance. As its increasingly enriched possibilities for community service have become apparent, the procedure has come to be the usual basis of child guidance clinic administration.

The values that have emerged from the case work and research of such clinics for the understanding of behavior have been great. In this connection, Dr. Kenworthy writes:

The whole mental hygiene field has been vastly enriched by the research material from the psychoanalytic group, but especially in child guidance work, where our primary concern is the handling of the child-parent problems, do we find practical proof of the psychoanalytic concepts. Child guidance then can be looked upon as a natural outcome of our work in adult psychiatry. Without the background of psychiatric knowledge, plus the contributions from psychoanalytic, psychological, sociological and biological fields, work in the guidance of children would have developed on the same unproductive levels of symptomatic treatment and diagnostic classification. There are even to this day occasional attempts to reestablish the old time method of classifications, i.e., the nervous child, the unstable child, the hyperkinetic child, etc. For the most part, however, one finds a steady insistent effort being made by psychiatrists, psychologists and social workers to see the case as a whole.[2]

While it is probably true that this effort "to see the case as a whole" is characteristic of the work today in most child guidance clinics, and of the philosophy underlying training in these centers, it has become the prevailing philosophy in many clinics only within the last few years. Even now there are still some centers that put their emphasis in treatment on symptomatic behavior, on the simple suggestion level of therapy focused chiefly on the child without due consideration of the cause-and-effect elements which underlie the symptomatic pattern that he presents. Dr. Frederick H. Allen has summarized the differences in these two methods of approach as follows:

This desire to change behavior by working rather directly with the child—either by means of star charts, systems of rewards, or semi-moralizing—and working with the parent on a habit training basis marked a great deal of our earlier treatment philosophy. Lately there has been a feeling of futility and of the need for a more direct approach to the fundamental factors in the relationships of the home.

2 Marion E. Kenworthy, The New Social Philosophy, chapter i, *Children and Their Parents,* by Maude E. Watson (New York: F. S. Crofts & Co., 1932).

One of the unhealthy features of this focusing on changing the behavior of the child by direct but superficial means is that it has provided the adults with another excuse for avoiding the necessity of facing these problems of their own which bear a causal relationship to the behavior of the child. It overlooks a fundamental principle in modern psychiatry—namely, that behavior is reactive and adaptive and expresses the way in which the individual is meeting a situation. It does not seem sound, therefore, to attempt to change the behavior without altering the factors that have contributed to its development. That is exactly what we attempt to do when we allow ourselves to be pushed onto a specific suggestion level. To keep away from this level is one of the most difficult tasks that confronts the psychiatrist and the social worker in the field of child guidance, and to do it means that there must be a rather clear objective in their relationship with parents from the very outset. . . . A fairly direct and sympathetic working out with the adults of their own attitudes and relationships —not only with the child, but with other adults, particularly those in their marital and family situations—seems the objective toward which we are working in the field of child guidance.[3]

In the later tendency, articulated some years ago but still characteristic of certain modern progressive trends, to swing away from direct treatment of the child toward work with the adults in the family, there is danger of overspecialization and overemphasis, as Dr. Allen indicates.[4] In the realities of the treatment situation in a child guidance clinic, the therapists concerned must constantly remember that it is their responsibility to help build up for the child those habitual patterns of behavior response to his environment which will be most conducive to his progressively healthy adaptation. This can only be achieved through understanding and dealing with the interacting relationships between the child and his family as they manifest themselves in the total situation. Obviously every individual in the family group does not have to

3 Frederick H. Allen, M.D., Evolution of our Treatment Philosophy in Child Guidance, *Mental Hygiene*, 14:1–11 (January, 1930).

4 Frederick H. Allen, M.D., *op. cit.*, page 8.

be treated simultaneously; perhaps only one or two of them, not necessarily including the child, need be treated directly, if the therapists are constantly in contact with and aware of the emerging factors in the case as a whole.

In attempts to approximate the goal of more complete case understanding, practice in the child guidance clinics does not always follow the pattern of the team work relationship. In some clinics emphasis is placed rather on centralization of effort, a worker from only one professional field having charge of the whole treatment area, whether both child and family are treated or whether one individual of the group is treated. Such variations in procedure are seen as essential parts of the growth process, which without experimentation would tend to become crystallized and static. Training is naturally affected by these shifts in emphasis.

As social case work is more vitally related to psychiatry, the line of demarcation between the two becomes less clearly defined. Perhaps it was inevitable that, in the swing away from case work treatment on the social manipulative level, the social worker should tend to reject the broad area of the child's environmental setting, traditionally allotted to her for treatment, in favor of more intensive work with one or two individuals.

Combined with this trend in treatment is the tendency on the part of some psychiatrists and social workers to seek in psychoanalysis a clearer insight into motivations of behavior. This experience frequently brings to their relationship with others a keener sensitivity and a more profound understanding. To others vital relationships with members of the staff in handling case work responsibility are found sufficient stimulus in assimilating and integrating social psychiatric concepts. However, at the present time an increasing number of workers in both fields who have had the experience of ex-

ploring the unconscious levels of their personalities tend to question the adequacy of therapeutic results brought about by the more active social psychiatric approach. In such instances in the treatment of others they may emphasize as important the creation of a relationship between client and therapist in which the former works out his emotional conflicts as far as he is able with a less active participation by the therapist. In attempts to establish such a relationship the therapist will often assume the total responsibility for the case himself, and focus his approach on one member of the family group, whether it be child or adult.

Shall we say, then, that we are entering a new era, in which team work, in the familiar sense of shared therapeutic responsibility, will be abandoned? While such a question is bound to arise in the minds of psychiatric social workers or others seriously interested in the growth of the profession, to many it may seem still too early to arrive at even provisional conclusions on this point. Content and method of the profession have changed, and must continue to change to keep abreast of experimentations and the resultant expansion of our knowledge and understanding. But while frontiers are rapidly receding, it is perhaps not yet possible to predict in what direction the richest areas for cultivation will be found. To be able to help the client in the way he can best profit by such help, in terms of his own capacities and limitations rather than according to the therapist's ideal of so-called good adjustment is not seen as a new concept. The recognition of the importance of this point of view emerged very early in social psychiatric practice in child guidance clinics. However, the challenge to keep this objective constantly before us which comes from groups experimenting with therapeutic approaches different from our own, must be recognized as exceedingly vital and stimulating.

If the social worker or psychiatrist, in the effort to achieve personal and professional growth, can constantly strive not only toward freedom to identify with others in order to establish a dynamic treatment relationship, but also toward freedom to detach himself in the relationship and to retain intact his own objective integrity, then we need not be concerned about the direction of change in either profession, since growth is inherent in and inseparable from such a concept.

If in the future the therapist becomes more secure in his ability to set the client free to achieve his own growth on his own terms, we may perhaps logically anticipate that he will tend to become more flexible toward the means by which this end can be achieved. He will then perhaps be more objective and discriminating in establishing a relationship based on his understanding of the need of the client, rather than on a possibly subjective identification with one or another type of approach. The initial responsibility and opportunity for such progress lies with those in charge of training.

In reviewing the work of the Institute for Child Guidance, we may see how it has been possible to work out in that center through years of experience certain techniques of training. However, it must be recognized that it was not in the formulation of these general principles but in their adaptation to the individual situation that the objectivity, resourcefulness, and creative imagination of the staff were primarily put to the test. It is in this direction, then, that the essential art of training lies, and while we should not wish to minimize the value of accumulated knowledge and development of skills, it is only through our own wish to grow and mature that we can achieve the fundamental strength and perspective which may serve to stimulate in others the wish to develop a creative fulfilment in their own terms.

II

THE TRAINING PROGRAM AT THE INSTITUTE FOR CHILD GUIDANCE

IN undertaking this study, two points of special importance were selected for consideration: first, the actual experience of students in psychiatric social work at the Institute for Child Guidance so far as records were available; second, the philosophy of training underlying this experience with special emphasis on the distinction between those factors which, in both theory and practice, were found to be relatively constant and those which were changing or evolving. The emphasis throughout is on what has actually happened during an experimental training period in one specific organization, rather than on what ideally a training program should include. However, as certain trends emerge from this expositional survey, whether constructive or destructive, these will perhaps clarify our thinking on the general subject of training, and may serve as a basis for sounder planning in the future.

The Clinical Set-Up

In turning to the setting at the Institute into which social service students came for training, we find that the permanent staff was a relatively constant factor each year. This was true in regard to number of personnel, until the reductions in staff in the year 1932–1933 necessitated by the closing of the organization at the end of that period. The number of fel-

lows in psychiatry, with whom the students worked closely, varied from year to year.

The following list shows numbers, but not replacements, in personnel for the permanent professional staff from 1927–1933, in the administrative and clinical departments. The number of fellows in psychiatry and psychology for these years is also given. No fellows were accepted for training in psychology during the Institute's last year.

PERMANENT PROFESSIONAL STAFF

1927–1933

Administrative staff

Director
Chief of staff
Chief of social service

Clinical staff

Psychiatrists
3 from 1927 to 1930
4 from 1930 to 1932
2 from 1932 to 1933

Pediatrician
1 from 1927 to 1932

Technician in pediatrics
1 from 1927 to 1932

Psychologists
3 from 1927 to 1932
2 (1 full-time, 1 part-time) from 1932 to 1933

Psychiatric social workers
12 from 1927 to 1928
15 from 1928 to June 1932
9 from June 1932 to June 1933

FELLOWS IN TRAINING

1927–1933

Fellows in psychiatry

3 from 1927 to 1928	8 from 1930 to 1931
6 from 1928 to 1929	6 from 1931 to 1932
5 from 1929 to 1930	4 from 1932 to 1933

Fellows in psychology

3 from 1927 to 1932

NOTE: Auxiliary administrative services, statistical, library, stenographic, and clerical, were maintained in proportion to meet the needs of the professional staff in making the clinical work proceed smoothly and effectively.

The requirements for fellowships in psychiatry were as follows: "an M.D. degree, preferably an interneship in a general hospital, and a sufficient experience in psychiatry in a hospital with an active clinical program to make sure that the candidate was adequately grounded in psychiatric fundamentals."[1] This did not necessarily include psychiatric work with children, and in general the psychiatric fellows had had no contacts with child guidance before entering the Institute. Ordinarily in any given year, about half the fellows in psychiatry began their training in July, and the other half in September, although there was considerable latitude and a few fellows entered the Institute at other times. In general, it may be said, however, that at least half the fellows began their training each year in the fall concurrently with the Smith College School students and with the major group of New York School students.

The fellows in psychology all entered in the fall. The requirements for candidates for psychological fellowships were "that they should be graduate students majoring in psychology, possessed of a master's degree, with a background

1 Director's report, 1929–1931.

of experience in mental testing such that they had the necessary facility in using their major tools."[2]

While training under the large and varied program outlined here was conceived as the primary function of the Institute, the case work carried was necessarily its major responsibility. It is obvious that since the Institute carried these two types of responsibility, a large professionally trained staff was essential. To quote again from the director's report:

> Accordingly it became necessary to establish three case working or clinical units, each with a psychiatrist in charge, a psychologist, and two social workers. To each unit was then assigned its proportion of fellows and students who became integral parts of the unit staff. In effect, this gave three child guidance clinics, each a part of the whole, and yet independent of the others.

From 1930 to 1932 a fourth unit, composed of staff members only, was established to work out a greater refinement of treatment techniques than is often possible in a training group, and to carry forward research in treatment methods. While no attempt was made definitely to integrate the work of this unit with the training program, current material was presented by members of the group from time to time in general staff discussions, participated in by students and fellows as well as by staff members.

In general, the major emphasis in training was placed on the careful study of individual cases and on direct work with them in consultation with a staff member. The staff psychiatrists, the director, and the chief of staff assumed the main responsibility for the training of fellows in psychiatry, and the staff psychologists for the training of fellows in psychology. Those members of the social service staff who carried case work responsibility, and who for convenience may be referred to as case work supervisors, were primarily re-

2 *Ibid.*

sponsible for the training of the students in social work. Because of somewhat different plans of operation in the two schools from which the social service students came (the Smith College School and the New York School), it was considered necessary to appoint for each of these groups an educational supervisor from the social service staff. The aim of this worker was to cooperate with the case work supervisors in an attempt to coordinate and integrate the work of the students, individually and as a group, with the program of each school concerned. The educational supervisors worked closely with the respective schools and were appointed with the approval of the directors of the schools. The chief of social service kept in touch with the general aspects of the training program for the students of social work by maintaining an individual and group consultant relationship with the social service staff and with the staff members and fellows in psychiatry and psychology and by holding occasional group discussions with the students. Her aim was to help the students relate their case work, their relationships within the agency, and their contacts with other social agencies to the administrative functions and policies of the Institute.

While the primary responsibility for training was vested in the staff members representing the fields of psychiatry, psychology, and social work respectively, there was necessarily and advisedly a great deal of overlapping. The consequent interchange of ideas and responsibilities helped to broaden and integrate the case work philosophy of the members of each clinical division. There were, of course, certain difficulties for the students in adjusting to a team work relationship, particularly since the fellows in psychiatry and psychology, when they came to the Institute, were also inexperienced in child guidance work. Some of the advantages and disadvantages of working out the training needs of the three

groups in such close give and take will be discussed in the following pages.

Insistence on the importance of the team work relationship in case handling may be seen as the logical outgrowth of the general philosophy of child guidance, and the fourfold approach in study and treatment. Ordinarily, all cases accepted for treatment service at the Institute were assigned to the joint responsibility of psychiatrist, psychologist, pediatrician, and social worker, since examinations in all these fields at an early point in case handling have been generally accepted in child guidance practice as essential to understanding the issues and implications in a given case. Following the examinations and initial discussion by the clinical unit of the material obtained in each field of study, treatment responsibility was assigned to the different members of the group in the way which appeared best to meet the needs of each particular situation. Since every effort was made to avoid a routine consideration of cases and to treat each situation individually, exceptions to the procedure described above were made when this seemed indicated.

Portions of organization work were concentrated in the hands of those social service staff members who did not have responsibility for training but whose work had important bearing on the experience of the students; for example, responsibility for registration, initial interviews, and acceptance, or other decisions on cases referred to the Institute, was vested in a staff social worker. This social worker, accessible to the whole professional staff, familiar with the special interests of each member, and capable of recognizing the importance of the particular case for training, research, or other purposes, consulted with the members of the unit staffs on the assignment of cases. Discussion of current policies and current thinking relating to the important subject of admis-

sions was from time to time initiated with student social workers, with a view to mutual understanding. During several years, students were also assigned to work with the staff member responsible for referral interviews.

Since all applications had to be cleared through the Social Service Exchange, the work and plans of other agencies which might be active on the case had to be discussed as a preliminary to treatment. Such discussion provided a framework in which the assigned student social worker had to find, with the aid of the case work supervisor, her subsequent place on the accepted case. For a considerable period of time, a referral committee, representing the views of members of all four clinical divisions, functioned to discuss difficult questions in connection with intake of cases and initiation of study and treatment. Students attended such meetings as part of their work with applications.

Types of Service

Various types of service were offered at the Institute. When the application interview showed that the desired service could be better obtained through another channel, advice was given on the resources available and the best means of approaching them and no further contact was made on the case. This was advice service. If the application interview indicated that the Institute might be able to help the problems described, the case was assigned to consultation service, which meant that examinations were made, usually in all of the four fields; if these examinations seemed to warrant it, the case was then assigned to treatment service. Within the general classifications of treatment, there was specialization to meet the needs presented by certain groups of cases.

Cases treated for a relatively long period were often referred to at the Institute as "intensive service" or "intensive

treatment" cases, and for convenience these terms will be used in this sense throughout the study. Such cases were usually seen at least once a week for a considerable period of time. The term "intensive service" is not to be confused with the term "intensive level" (Item 24 on the supervisor-student chart, page 113) which has reference to the degree of skill shown by the worker in her therapeutic approach to the case, whether the particular case in question required brief or long-continued treatment.

Certain cases were referred from case working agencies which carried the primary responsibility for planning and for treatment. Work on these cases, cooperative case work as this is usually termed in community clinics, was maintained initially for its training value to clinicians and social workers as having relevance to their subsequent community functioning. It was known from previous experience that a newly organized clinic must develop its working relationships with the community through a mutual recognition of the problems of the referring agency and of the techniques available at the clinic. Responsibility for such cooperative service at the Institute was centralized for a time, and always vested in social service personnel. Accordingly, one staff social worker, either on full time or in conjunction with the handling of general intake, concentrated for several years on this portion of the work. She arranged appointments and conferences between referring agency and clinic and participated in the activities of both in a way to facilitate joint planning and working by agency and clinic. Social work students were encouraged to attend staff conferences on cooperative cases, in order to benefit from discussion with the workers of other agencies on problems peculiar to their fields and less frequently encountered at the clinic. Group discussion on the subject was also instituted between the cooperative supervisor and students.

Later, when the clinic and agency understood one another better and the plan proved agreeable to the agency, clinical responsibility for cooperative work was allocated to the case work supervisors. The supervisor delegated work on arrangements and planning with agencies to the student social worker, or at least let her share in such activity. It was felt that actual participation by the student would heighten the value of this type of work for her. However, because of the large turnover of the student group, the responsibility that could practically be given the student was not sufficient to provide an adequate reality situation without diluting the value to the case and to the referring agency. Cooperative treatment service was therefore terminated, in spite of its potential importance to the student.

A one-day diagnostic consultation service was then instituted to meet the most immediate needs of the agencies and to provide fellows and social service students with a certain degree of work with these agencies. This type of service continued to the end of the Institute's work. Occasionally the same type of service was given to out-of-town parental referrals, when it was considered possible to meet their particular needs in this way. These situations offered the students an excellent opportunity for taking a minimal history, in the process of which all her resources of knowledge and skill were tested, by the necessity of obtaining the maximum of essential data in the brief space of one or two hours. Since greater skill was required in making this selective sort of examination than the usual one, which was fuller in detail, more active supervision was given to the student's preparation for it, and special opportunities were provided for the student to consult with the supervisor at any point during the examination interview at which she might feel the need.

One of the important community relationships in connec-

tion with the acceptance of cases was with private medical practitioners currently active on cases. Of the total number of cases applying during the time the Institute was in existence, 3.14 per cent were referred by private physicians. Contact was made with the physicians in order to explain that the function of the clinic involved no medical treatment, only recommendations, to win cooperative understanding of the clinic's approach to the case, and to ascertain whether there was any unwillingness on the part of the doctor to let the clinic enter the situation.

The assistant director of the Smith College School functioned part time as research assistant, making special project studies which, prior to publication, were presented from time to time to staff and training groups for their suggestive value.

The Selection of Students

Students in training at the Institute came from two schools of social work—the New York School and the Smith College School. The selection of the candidates was based on the information supplied by the schools which covered age, education, professional training in case work or other fields, and previous experience either in case work or non-case-work, with dates indicating the length of these experiences. The number of students applying each year varied with the number of students for whom each school was seeking field work opportunities, and the number accepted depended on the training policy of the Institute.[3]

The problem of accepting the students who might profit most from the sort of training offered by the Institute was perplexing and difficult. The experience gained each year

3 See page 25, for the number of students from both schools accepted for training in the years 1927–1933.

from a trial-and-error method of selection deepened the conviction of the staff that little progress in refining techniques of evaluating candidates was possible so long as adequate information was lacking. It was open to question how much value there was in weighing such matters as age, previous training and experience, vocational aspirations, and the like, if it was not known what use had already been made of these factors and what led the candidate to make one type of social case work rather than another her objective after training. We might pride ourselves that we were very astute in reading between the lines of the candidates' application forms. We might detect, perhaps, in one student's record a continuity of educational experience which, combined with progressively responsible positions in professional work, was suggestive of a purposiveness in planning her life very favorable to a prognosis of further growth. In the same way, we might decide from another's record that she would clearly not fit into the present training situation at all, because she was too old, her education had been erratically planned, she had done no case work until very recently, and had held positions calling for little initiative. And yet not all the candidates who appeared to have the best prognosis adapted successfully to the training situation, and of the students accepted experimentally who had a background similar to the last one quoted or equally destructive in its implications, more than one showed a maturity and adaptability, a willingness to learn, and an objectivity in her attitude toward students better equipped technically, which enabled her to get the maximum from her experience at the Institute.

How, then, is one to decide which candidate to prefer to another? In many training centers it is not possible from an administrative point of view to have an interview with each candidate. Must we say, then, that there should be no at-

tempt to select or discriminate beyond ascertaining that the prospective students have the minimum qualifications demanded by the schools which sponsor them? Or can we say, after carefully reviewing the progress and attainments of the 289 students trained at the Institute, that those falling within a certain age span and having the background of a certain amount of case work experience have profited more from the training, as far as we can measure it, than those older or younger, and with more or less experience; and that, therefore, we may be directed by these tentative conclusions in the selection of the most hopeful candidates? In consideration of the widespread interest in these questions on the part of schools of social work, training centers, and committee members dealing with the knotty problems of donating scholarships, it would seem that a study of experience at the Institute would be rewarding and would clarify thinking along these lines. This subject will therefore be considered at some length in Chapter VI.

Class Work in Relation to Field Work

All the students from the Smith College School had had approximately two months of class work in the theory of mental hygiene and in subjects designed to give either a general orientation to social work or a more specific orientation to generic case work.[4] One course in community case work was given concurrently with field work training. Following the nine month period of field training, at the Institute or some other center, that is required by this school, the students returned to Smith for another two month period during which they attended classes and completed their theses.

The large majority of the New York School students, on

4 For a discussion of generic case work, as distinguished from specialized case work, see *Social Case Work: Generic and Specific; An Outline, A Report of the Milford Conference* (New York: American Association of Social Workers, 1929).

the other hand, were taking courses in mental hygiene, and in social work and social case work as well, at the same time that they were carrying field work at the Institute, their time in most instances being about equally divided between the two, in accordance with the general policy of this school as to division of student time. While it was possible, under the flexible provisions for training afforded by the New York School, that students entering the Institute might previously have taken all or practically all the courses in mental hygiene in the curriculum, it was also possible that they might not have had any of these courses. The latter condition was generally true, for example, of the students in training on Commonwealth Fund fellowships, under the terms of which they took three quarters[5] of specialized training in psychiatric social work, their time being divided between field work and class work. This was also true of some of the other students who were at the school and at the Institute for only three quarters, but were considered to have had a sufficiently substantial experiential background of social case work to make it profitable for them to specialize in psychiatric social work during their entire training period. A few one and two quarter New York School students had had no instruction in the theory of mental hygiene. Since it was generally felt by all those directly concerned with student training that some orientation in mental hygiene was essential at the start of the training period for students who had not been able to benefit by this earlier, it was arranged in 1929 that the school should give such students the advantage of two or more courses in mental hygiene concurrently with the first quarter of their field work experience. This did much to obviate the dissatisfaction expressed by students who had felt that it was not possible to

5 A quarter is the unit of time given to training and represents a period of approximately twelve weeks.

gain a maximum benefit from the case work experience without a wider background of theory than it was possible for the supervisor to supply. The diploma candidates at the New York School, who were required to complete six quarters of combined class work and field work or their equivalent, had taken at least two courses in mental hygiene before coming to the Institute. Many of the candidates from both schools had had one or more courses in mental hygiene in connection with college or postgraduate work.

Number of Students and Length of Training

Each year the majority of the students presented themselves for training in the fall, the Smith College School students in September and the New York School students in October. A few students from the latter school entered the Institute at the beginning of the winter and spring quarters and a somewhat larger number, since there were no Smith College School students during this period, at the beginning of the summer quarter. The number of students accepted from both schools each year from 1927–1933 is shown in the following tabulation.

Year	*Smith College School students*	*New York School students*
1927–1928	8	42
1928–1929	15	44
1929–1930	18	36
1930–1931	18	37
1931–1932	16	27
1932–1933	10	18
Total	*85*	*204*

The number varied each year with the needs of the New York and Smith College Schools, the number of students to

whom one supervisor could give adequate training, and the changing policy of the Institute with regard to short-term students. In regard to the last point it was the experience of the staff that training during short periods must be kept on such a superficial level that it could be of little value to the average student. Therefore, after the first year a consistent effort was made to reduce the number of those who came for only one or two quarters. Another reason for limiting the number of short-term students was to minimize the turnover of personnel which is often a destructive factor in treatment. After June, 1929, therefore, only the student who was thought to have exceptional qualifications was accepted for one quarter of training, unless for any given quarter the quota from the New York School was not filled.[6] It was unquestionably true that many students did profit by this brief experience to a degree that could not have been anticipated, even by a staff intent on giving them a maximum return for their efforts. They were themselves usually aware of the difficulties involved in such brief contacts with cases and were very cooperative with the staff in the effort to make their work as constructive as possible.

We have been discussing as the minimum unit of training time the quarter, which lasted roughly twelve weeks.[7] However, this does not correspond exactly with the amount of working time which the student put in during this period. There was a wide latitude in the amount of time any student

6 In general more latitude was allowed in the acceptance of short-term students for the summer quarter, chiefly because few candidates from the New York School applied for three quarter training at this time and there were no Smith College School students during the summer. Also, the work of the Institute was somewhat atypical, with less emphasis on intensive work, because, among other reasons, many children were at camp, much work still had to be done in arranging for others to go, a large number of cases had been closed in June, and fewer new cases were accepted for treatment than during the rest of the year owing to the lack of long-time service available.

7 For the Smith College School group, such quarterly divisions were made for purposes of convenience in statistical and other reporting by the Institute, although the school itself was not run on this quarterly plan, as was the New York School.

from the New York School might spend in field work in any given quarter, the range being from 2 to 5½ days a week.[8] The number of days per week per quarter spent at the Institute by students from the New York School in the year 1930–1931, shown in the following tabulation, is representative of the variation in time scheduled for field work for students from this school from October, 1929, to June, 1933, inclusive.

NEW YORK SCHOOL STUDENTS	DAYS PER WEEK, 1930–1931			
	First quarter	*Second quarter*	*Third quarter*	*Fourth quarter**
10	3			
5	5			
1	5½			
4	3	3		
1	3	3†		
1	3	5½		
1	4	5		
1	5	5		
2	3	3	3	
1	3	3	3½	
1	3	3	4	
1	3	3	4†	
1	3	3	5	
1	3	3½	5½	
1	3	4	4	
1	3	5	5	
1	3	3	3	3
1	3	3	3	4
1	3	3	4	5½†
1	3	4	4	5½†

* Some students worked a fourth quarter or part of it.
† Did not complete quarter.

8 After October, 1929, no student was accepted for training at the Institute on the basis of less than three days a week. One hour weekly of the New York School student's time was allotted to the Institute staff conference.

The four principal groupings of the New York School students in the years 1929–1933, by number of quarters they were in training and by number of days per quarter they gave to field work, are as follows:

NEW YORK SCHOOL STUDENTS	DAYS PER WEEK 1929–1933		
	First quarter	*Second quarter*	*Third quarter*
33	3		
22	3	3	
32	3	3	3
13	3	3	4

The largest group of students were in training for one quarter only and worked three days a week; the next largest were the three quarter students who gave three days a week to field work in each quarter. It will be seen from the tabulation that three days a week or 36 days a quarter was the typical schedule at the New York School.

All students from the Smith College School gave approximately four days and one half a week to field work, not including time required for the work on their theses, for the one class held for these students only at the Institute concurrently with their field work, and for the weekly staff conference. It is in terms of the number of field work days that we shall in a later chapter attempt to estimate the volume of work in any given quarter.

Some Vocational Aspects of Training

The specific vocational aims of the majority of students were not as a rule very clearly defined. Some of them hoped to utilize their training in agencies similarly constituted, and to do a specialized job in psychiatric social work, but should no such opening be available, they would be ready to adapt the knowledge and skill obtained in this field to case work in

other agencies whose primary function was not psychiatric. Others with special interests in the fields of family welfare, child placing, visiting teaching, and so on, who came wishing to enrich their understanding of the motivations of human behavior and to refine their techniques of dealing with problems of emotional unadjustment, found at the Institute not infrequently the impetus to specialize in mental hygiene work as practiced in psychiatric agencies. Still others had the conviction that mental hygiene was making a most valuable contribution to case work in all fields, and that they definitely needed it as part of their case work equipment, although perhaps up to the end of their training they were uncertain as to the type of position to which they could best adapt their experience. The flexibility of such attitudes was encouraged by a staff convinced of the generic nature of social case work, and of the fact that all work involving relationships with people requires an understanding of the causative factors underlying human reactions.

The emphasis in training, then, may be said to have been placed on giving the students a background of experience which could be profitably adapted to any field of social case work. Every effort was made to develop in the students the security within themselves arising from a conviction of their ability to deal with the ordinary kinds of mental or emotional unadjustment in their clients. There was usually less effort made to help the one and two quarter students attain such an objective unless their own personality adjustment afforded exceptional qualifications for profiting by so brief a training period. The team work relationship provided by the child guidance clinic offered valuable preparation for work in a psychiatric agency[9] primarily, but in other types of agency

9 Defined as one in which the minimum staff was made up of a psychiatrist and a social worker.

as well. The worker who had profited at the Institute from collaboration with specialists in other fields was equipped to recognize in her case work in non-psychiatric agencies those problems which could be best handled by a psychiatrist or psychologist and should be referred to an agency in which such services were available.

A survey made in 1933 of the positions held by former students gives some picture of the variety of fields into which they have gone, and the types of position, case work, supervisory, executive, etc., which they are now holding. The lists are incomplete, since some students were not heard from; moreover, in consideration of the well-known frequency of turnover of personnel in social agencies, it is probable that some workers listed as holding a position in one type of agency, may have changed to another before publication of this report. However, the figures show that practically all the 230 students whose records were available in 1933 were working, only 14 being unoccupied. The large majority (203) were holding positions in case work agencies, psychiatric, family welfare, child welfare, etc. Twelve were employed in non-case-working agencies and one in a commercial firm. Sixty-nine former students were holding executive or supervisory positions.

Integration of Student Work with the Program of the Agency

It is natural to assume that in about twelve weeks, which roughly constitute a quarter, considerable accomplishment may be expected. Even to informed and interested observers, such as board members of the agency and staff members of the schools of social work from which the students come, it might reasonably appear that in the first quarter, for example, a student should absorb a case load of 15 or 20 cases and that there should be a reasonable number of contacts,

perhaps one a week per case. If the volume of work is less, as an analysis of the records of the students in the Special Study Group would indicate,[10] it may seem justifiable to wonder what the students were doing and what the substance of their training was, since personal contacts with clients are essential to the integration of theory and practice.

In Chapter VI some of the factors influencing size of case load and numbers of contacts exclusive of the students' abilities for carrying volume of work will be discussed. Further analysis of factors influencing volume of work is given in Chapter VII showing examples of individual students' reactions to the training situation as reflected in the amount of work carried by them. Here brief consideration is given to all the demands on student time exclusive of actual contacts on cases. Thus we shall have a complete picture of the training situation in this agency and the interrelation of all the factors influencing volume of work.

In the first quarter, the student had to adapt herself to a larger staff than she had probably ever worked with before, to the unfamiliarity of the team work procedure, and to all the complexities of routine, such as making appointments, planning for typing, and routing material, inevitable in a large organization. All these unfamiliar types of activity, exclusive of direct contact on cases, made exacting demands on her time. Perhaps the most outstanding contrast with her former experience was the necessity to plan her time so as to make sufficient allowance for conferences.

Because of the fourfold method of study and treatment approach, it was essential to relate at frequent intervals the case findings in each of the professional fields by means of consultations with the various members of the staff concerned. Such consultations may be classified as supervisory

10 See chapter vi, tables 7, 8, 11, and 12, pages 129, 131, 141, and 142.

and group conferences. The latter included initial, treatment, and case work conferences; and weekly conferences on brief diagnostic consultation cases.

There were on an average approximately one initial and one treatment conference[11] per student per month. These were the more formal type of conference scheduled from three to ten days in advance and attended not only by all members of the clinic staff who had worked on the case but often by other members of the staff. They were seldom finished in less than an hour and lasted, on an average, an hour and a quarter. There is no way of checking the amount of time spent by the students on these conferences but it is probable that, especially in the first quarter, it took them at least two hours to do the necessary preliminary analysis of the case to be presented and to write up the summary. Besides the formal conferences there were a number of case work conferences each month. These were usually called to meet some emergency arising in treatment and consequently the number varied considerably. They were attended by a smaller group than the initial and treatment conferences but always by representatives from at least two fields—social service and psychiatry, or social service and psychology, for example. Mention has already been made of the one-day diagnostic consultation service. In connection with this brief type of service, a consultation conference was held every week. The students were encouraged to attend these conferences frequently even when not themselves responsible for a case.

There were also frequent consultations between student

11 The term initial conference is used throughout to designate the first conference held after the preliminary examinations on a case had been made in all four fields. The treatment conference was usually held at intervals of not more than three months during the period when the case was active. For further discussion of these conferences see chapter iv.

and psychiatrist or psychiatric fellow when the need arose to keep each other informed on the current situation. In a training center where material before incorporation in the record was frequently subjected to reading and discussion by a staff member, the delays in making information available through dictation and routing of material were thus avoided. There was usually little or no preparation required for this latter type of conference or for the case work conference.

All students were required to attend the general staff conference held weekly, usually presided over by the director, sometimes by the chief of staff or others, and attended by all the professional staff, permanent and temporary, including fellows in psychiatry and psychology and social service students. At these conferences a variety of programs was presented. To quote from one of the director's reports:

> During the first year the discussions were chiefly on individual cases, particularly those showing blocks in progress. In succeeding years the program varied somewhat, there being more discussion of general matters, such as history of evolutions within the field of mental hygiene, examinations and treatment techniques, interviewing, and specific case discussions. In 1929–1930 one meeting a month was given over to a discussion, by an authority in the field, of various types of effort in the schools and social agencies. In addition, special visitors who have been at the Institute at the time of such staff meetings have been invited to talk to the staff group. The attempt was to have the general staff conference as nearly as possible an open forum for discussion within the area being explored at the time.

Two hours a week were made available to the student for discussion with her supervisor, and often this period of consultation was extended, since it was found all too brief for adequate consideration of the social psychiatric implications in the material. The necessity for allowing sufficient time for

supervisory conferences is obvious since this is the most important medium that has been established in the training process through which the student may achieve for herself, within the limitations set by her own readiness for this experience, the maximum integration of her theory and practice.

Time spent by the students in taking application interviews and in attending meetings of the referral committee has already been mentioned. Reading and analyzing case material, recording, and traveling to and from interviews consumed many hours. Making summaries of material to be presented at conferences undoubtedly raised the total number of hours spent in recording.

Many students were slow to recognize the importance of such full recording as was required at the Institute, where emphasis was placed on the genesis of emotional attitudes and responses, and for this reason time spent in recording was protracted by conscious or unconscious resistances which were only worked out gradually during the training process. Other students experienced great difficulty, particularly in the early period of their training, in clarifying for themselves what the pertinent material was which should be included in a record. As a rule, this ceased to be a problem as the student became more secure in her grasp of social psychiatric concepts and in her ability to apply them. The difficulty that many people find in expressing themselves in writing must also be taken into account, perhaps more often slowing up the work of the older students who were further removed from the academic background of college or university with its routine of class papers, term papers, theses, etc. To them, organizing the material of the relatively long and detailed social examinations and preparing reports for discussion were often particularly difficult and the technique was only slowly

achieved. The time spent in recording, then, varied widely with the individual as did the time spent in case reading and analysis, since these activities were even less controlled than others by the standards set by other students or by the clinic routine. It was, however, an essential part of the supervisor's responsibility to attempt to keep track of the time spent by each student in recording and analyzing case material and to help her keep this within reasonable limits.

In a large metropolitan area like New York City a good deal of time must of course be consumed in traveling from place to place. Every effort was made at the Institute to reduce transportation to a minimum, first, by generally limiting cases which could be accepted for treatment to those who lived within forty minutes of the Institute, and second, by assigning to each student, as far as possible, cases within the same geographical area.

The hours spent in training activities during the year 1931–1932[12] have been averaged from the students' record sheets and are presented in Tables 1 and 2. The time allowed the Smith College School students for work on their theses, four hours a week, is not included in the table. If this is deducted from their 38½ hour week,[13] 34½ hours are left for all other activities, considerably more than is recorded in Table 1 for any of the three quarters. It must be assumed, therefore, either that time was inaccurately recorded or that more time was spent on thesis work, during this year at least, than had been allowed for in administrative planning. A certain amount of time spent on such routine matters as making appointments, getting records, consultation with the stenographic department on typing and routing of material, etc.,

12 This was the first year that a routine account was kept of the time spent on each type of student activity, although previous to this a record was drawn up periodically from student logs.

13 This is reckoned on the basis of a 5½ day week and a 7 hour day.

is not accounted for in the tables. It would not be possible to estimate with any degree of accuracy what the average time spent in this way would be, although it was presumably less than an hour a week.

The group of New York School students on whose work the figures in Table 2 are based were at the Institute three days or 21 hours a week during the three quarters of their training. In comparing the total number of hours reported in the three quarters with this figure, it will be seen that a small amount of overtime is recorded in the first two quarters and a large amount in the third quarter. Despite the most conscientious intentions, there was undoubtedly so much variation in the accuracy with which individuals kept account of time that these averages cannot be considered reliable. It was certainly true, as the supervisors knew from personal observation and from deductions based on the amount of work accomplished, that the overtime for many students from both schools was very high. It will only be possible, therefore, to consider these figures as a rough approximation of the time spent by the students.

It will be noted that for both groups of students the time spent on direct contacts with cases, listed in the table under *Interviewing*, was small in proportion to the sum of the time spent on related case work activities, and that the number of hours under *Recording* was consistently higher for both groups in all three quarters than that for other activities. In view of the many and varied demands on the students' time in a clinical organization of the Institute's type, it is perhaps not remarkable that interviewing time bulks so low in relation to the whole. It is not known how comparable this distribution of time may be with that in other psychiatric agencies where students receive training, so that it is difficult to decide whether it may be considered reasonable.

TABLE I

DISTRIBUTION OF TIME IN HOURS AND MINUTES OF STUDENTS FROM THE SMITH COLLEGE SCHOOL AVERAGES PER STUDENT PER WEEK FOR THE YEAR 1931–1932

	TOTAL	INTER-VIEWING	APPLI-CATIONS	TRANS-PORTATION	RECORD-ING	READING AND ANALYSIS OF CASE MATERIAL	CONFERENCES			OTHER MEETINGS
							*Group**	*Supervisory*	*Visited*	
First Quarter (11 weeks, 17 students)										
Hours : minutes	22:29	1:47	0:14	2:26	7:7	6:13	0:36	2:5	0:10	1:51
Per cent	100.0	7.9	1.0	10.8	31.7	27.7	2.7	9.3	0.7	8.2
Second Quarter (12 weeks, 16 students)										
Hours : minutes	33:16	5:49	0:2	3:30	14:35	3:29	0:51	2:3	0:17	2:40
Per cent	100.0	17.5	0.1	10.5	43.8	10.5	2.5	6.2	0.9	8.0
Third Quarter† (15 weeks, 16 students)										
Hours : minutes	29:23	6:26	0:16	2:51	9:26	4:55	0:49	1:55	0:14	2:31
Per cent	100.0	21.9	0.9	9.7	32.1	16.7	2.8	6.5	0.8	8.6

* Group conferences include initial, treatment, and case work conferences.

† In the third quarter an average per student per week of 1 hour 58 minutes was listed under *Other contacts*, in addition to the conferences specified above. This figure is not included in the total for the quarter.

TABLE 2

DISTRIBUTION OF TIME IN HOURS AND MINUTES OF THREE QUARTER STUDENTS FROM THE NEW YORK SCHOOL. AVERAGES PER STUDENT PER WEEK FOR THE YEAR 1931–1932

	TOTAL	INTER-VIEWING	APPLI-CATIONS	TRANS-PORTATION	RECORD-ING	READING AND ANALYSIS OF CASE MATERIAL	CONFERENCES			OTHER MEETINGS
							*Group**	*Supervisory*	*Visited*	
First Quarter (11 weeks, 10 students)										
Hours : minutes	21:43	3:47	0:23	2:12	6:25	4:16	0:29	1:52	0:23	1:56
Per cent	100.0	17.4	1.8	10.1	29.6	19.6	2.2	8.6	1.8	8.9
Second Quarter (11 weeks, 10 students)										
Hours : minutes	23:58	5:8	0:27	2:19	8:55	3:20	0:28	2:0	0:5	1:16
Per cent	100.0	21.4	1.9	9.7	37.2	13.9	1.9	8.4	0.3	5.3
Third Quarter (10 weeks, 7 students)										
Hours : minutes	26:33	6:55	0:50	2:26	10:1	2:47	0:26	2:5	0:1	1:2
Per cent	100.0	26.1	3.1	9.2	37.7	10.5	1.6	7.8	0.1	3.9

* Group conferences include initial, treatment, and case work conferences.

III

UTILIZATION OF CASE MATERIAL IN TRAINING

CASE work at the Institute was to some extent slowed up because most of the active therapy was carried by the students in social service and the fellows in psychiatry. Yet even such limitations were susceptible to modification and were perhaps no greater than those due to other causes in agencies which did not carry so extensive a training program.

In order to facilitate absorption by the agency of a greater case load various expedients were utilized. For example, more cases were assigned to students in social service to be carried as their major responsibility, thus relieving the psychiatrists, as they approached the saturation point of cases they could carry adequately, of the need of the active participation required when the responsibility was shared equally by psychiatrist and social worker or when the responsibility was carried chiefly by the psychiatrist. Further increase in case load was made possible by the clarification of criteria for closing cases at the earliest possible point commensurate with adequate case handling. Greater discrimination was increasingly exercised by the individuals responsible for acceptance of cases in the selection of problems suitable for treatment through the social psychiatric approach. This was another factor of the greatest importance in minimizing the possibility of clogging the students' assignments with unprofitable material.

Discussion of the philosophy and techniques of case handling evolved through the years of the Institute's experi-

ence is not seen as having a place within the scope of this study. Brief reference to this will be made from time to time since some orientation to the individual emphasis on case work characteristic of the Institute is considered essential to the understanding of the training program, of which it is an integral part.

Case Load

The degree to which intake of cases was influenced by the training needs of the agency is difficult to evaluate. It is probably fair to say that the effect was small because of the underlying philosophy of the staff that any case suitable for treatment is potentially productive of training values, and that the interests and needs of all cases, with rare exceptions, may be protected and met in a situation where those in training are working on cases in consultation with staff members. The amount of service time available in any one of the professional fields served to slacken case intake at one time, and to expedite it at another. This would be true to some extent in any psychiatric clinic, although in a training center it is necessarily a more serious problem. That a definite periodicity in such fluctuation could be counted on at the Institute because of the regular turnover of workers in training, was obviously a factor to be faced and handled with as little cause for discomfort and irritation to the patients, their parents, and referring agencies as possible. In spite of certain difficulties in balancing intake and personnel, on the whole, supply and demand were found to be fairly adjustable.

The degree to which case closing was influenced by the training situation is probably easier to appraise. The large proportion of cases in which treatment was terminated just prior to the largest student exodus in June is indicative of this interrelation, although it is true that changes in school and

family plans, often resulting in fewer contacts with parents during the summer, are also responsible for the tendency to close cases at this time. The closing of a case sometimes coincided with the departure of a student who had participated in treatment because the careful analysis occasioned by a shift in workers revealed that from a therapeutic standpoint the case was ready for closing. In probably relatively few instances this might have been recognized sooner if as careful an evaluation had been practicable at an earlier stage in treatment.

An effort was made to determine those inherent factors in a case which would recommend it for treatment or which would make the possibility of improvement so doubtful that it would seem unwise to accept the application. Experience showed, however, that it was impossible to find any criteria that could be generally applicable and the question who might profit from treatment had to be decided each time in the light of the individual's personality and environment.[1] On the whole, the cases which offered the most favorable prognosis were those of children whose parents understood, at least in broad terms, the sort of help that the agency was equipped to give, and were receptive in their attitude toward it, or, in other words, where there did not seem to be serious discrepancy between what was sought and what was available in service. The cooperation of the children was obviously essential when direct work was to be done with them. It was possible to determine almost at once the attitude of the parents since at least one parent or parent substitute was ordinarily interviewed when the application was received.[2] With

1 An extremely interesting survey representative of some of the most advanced thinking on this whole subject of criteria of treatability in cases will be found in *The Dynamics of Child Guidance*, by Dr. Marion E. Kenworthy, about to be published.

2 Exceptions to the rule of interviewing parents or parent substitutes may be found in the procedure with regard to cases accepted on a consultation basis from other

the exception, then, of the special case which seemed to present a combination of destructive factors, making prognosis for treatment too poor to justify acceptance, the Institute was prepared to meet the needs of any child up to eighteen years who showed actual or potential difficulties of emotional adjustment. Such problems in adjustment might be evident either in his own symptomatic behavior or through the parent's conscious or unconscious relationship to him. Maladjustment was usually shown by a tendency on the part of the child to withdraw from the reality situations of everyday life and to build up an unhealthy world in which he could relive in phantasy satisfactions belonging to the more protected period of infancy or earlier childhood; or by a tendency to project dissatisfactions on to the environment by fighting, teasing, disobedience, truancy, and other aggressive manifestations.

Problems to the solution of which the agency had nothing to contribute that might not be obtained from other existing community facilities were those of immediately recognizable feeblemindedness and epilepsy, uncomplicated by severe emotional and environmental maladjustment. However, if it was thought that an adjustment of the individual to the community might be brought about by some resolution of the emotional problems involved, a case of feeblemindedness or epilepsy might be accepted.

The need for different types of treatment service was often indicated in the application interviews, and certain types of service were established to meet these needs as effectively and economically as possible. Within the two general types of service given, consultation and treatment routine,

agencies. In such cases the treatment responsibility was carried by the referring agents to whom our contribution, based on the result of clinic findings, was as far as possible within the area in which they felt the need of reinforcement or advice.

there was specialization to meet the needs represented by certain groups of cases.

An advice case was usually seen only by the social service staff member carrying responsibility for applications. When it seemed that advice from another professional source would also be helpful, members of the staff in other fields were sometimes asked to interview the applicant. Such situations were sometimes handled by students, as part of their experience in taking application interviews. Since it was not always possible to predict when advice cases would present themselves, occasionally the students ran into them without preparation. Whenever it was possible to plan for such assignments in advance, they were made at that point in training when students might be expected to handle them most adequately and gain most from them.

The staff social worker responsible for applications assigned cases to the clinical units in consultation with the staff members of each unit. The cases were then assigned in turn to workers in the four professional fields within the unit. If the workers were students or fellows, the cases were carried by them in consultation with staff members.

A brief analysis of the case load carried at the Institute[3] during a typical year will clarify further the training situation. Figures taken from the annual records of the Institute for the year ending June, 1932, are reasonably typical of the yearly volume of cases carried and sources of application. In this year there was a total of 718 accepted cases open sometime during the year. Of these 342 were old cases brought forward from the previous year, 337 were new cases, and 39 were closed cases reopened. Five hundred and fifty-seven

3 For full discussion of case load, sources of applications, age and sex of cases, see *Institute for Child Guidance*, Lawson G. Lowrey, M.D., and Geddes Smith (New York: The Commonwealth Fund, 1933).

cases were closed during the year. The term "new" was applied to cases just accepted for some type of treatment service and on which workers assigned made the first contacts except the application interview. The term "old" was applied to cases at the time they were reassigned to a different worker or workers than those who had initiated treatment. Many subsequent reassignments might be made during the time the case was active. Closed cases were those on which the period of contact with the clinic either had terminated, or was to be suspended for several months: e.g., a number of cases were usually closed during the summer quarter to be reopened in the fall, if a follow-up visit at that time suggested the advisability of such procedure. Reopened cases were those on which treatment became active after the status of closed case had been assigned. Such cases included those closed without treatment as well as those on which there had been previous treatment.

Of the 492 new cases applying from June 1, 1931 to May 1, 1932, the largest proportion, or 33.7 per cent, were referred by parents or relatives. Agencies referred 32.1 per cent; schools, 14.0 per cent. The remainder were referred by physicians and other persons or organizations. Ordinarily cases referred by case work organizations which were still active in the situation were given the one-day diagnostic consultation service only, the referring agency continuing to carry the responsibility for treatment. (See Chapter II, page 20.)

Case Assignment to Students

Many of the students came to the Institute with the preconceived idea that at last they had found an ideal setting—a clinic with a limited intake—and that therefore they would be able to work with relative leisure on a few cases only.

They soon found that this was by no means the actual situation. With the exception of the first year, when the Institute was getting under way and the total case load was small, there was up to the last year, which again was atypical, a large active load of cases for reassignment to each incoming group of students. New cases were also assigned to them at an increasingly early point in their training in each succeeding year, because of the growing emphasis the staff put on the value of introducing this type of experience at the earliest point commensurate with the students' ability to handle it.

Students were expected to carry all types of cases: those needing intensive treatment; those receiving short service only, or those on which treatment was to be continued on the basis of relatively infrequent contacts until the situation was sufficiently stabilized to justify closing; and those on which few contacts were to be made by social service, the major responsibility being carried by the psychiatrist or the psychologist.

In other words, the student was responsible from the start for a variegated and relatively unselected case load, similar to that which she would ordinarily find in any future job. Neither was she relieved from the occasional need of meeting emergencies, nor from doing night work, any more than she would have been as a salaried worker. While an effort was made to arrange the students' programs and coordinate their activities so that they should have the opportunity to carry a certain number of cases in intensive treatment, the case work needs of the agency as a whole were given first consideration. It may therefore be said that case assignments were controlled indirectly by the needs of the student but directly by the needs of the agency.

Some of the specific values of this plan were: first, the students gained more quickly a feeling of identification with the

staff, because they assumed responsibility for clinic case load on the same terms as staff workers and were not treated as members of a protected and specialized group; second, they were released at the start from the theoretical concept, common to many workers in other fields, that all cases in a psychiatric clinic are subjected to the same kind of exhaustive examination and treatment irrespective of the needs of the individual patient; and finally and of greatest importance, as a corollary to the above, they were helped to realize that the needs of the case and the obligation to work out ways of meeting them most adequately were the chief concern of the entire clinic group of which they were part. Although this last objective was not always accomplished at an early point in the students' training, if indeed at all in some instances, it was not because the staff failed to recognize and to emphasize the claims of the reality of the situation. When a student was able to accept and integrate into her own thinking this fundamental concept of clinic philosophy, there was often a marked and rapid shift from self-conscious preoccupation with her own limitations to more objective interest in developing a dynamic and creative approach to the case situations with which she was dealing. In such instances the demanding attitude toward the staff, which arose from the student's own insecurity, tended gradually to resolve and a more mature attitude was evidenced by her acceptance of her limitations as perhaps necessarily greater in degree at this point, but not essentially greater in kind, than those she sensed in the more experienced staff workers.

The trend in Institute policy to assign to a student an increasing number of cases in each quarter of her experience is reflected in the statistical records for the years 1930–1932. It was commensurate both with the expanding case load of the agency and with the growing conviction on the part of the

staff that training should offer a situation approximate in every way to the realities of a salaried position. It was, of course, recognized that even the maximum case assignments in an agency like the Institute would be small in comparison with those of psychiatric agencies subsidized by public funds and working under the pressure of heavier demands from the community. In the years 1930–1932, when the policy of increasing case load was put into effect, the average number of cases carried per quarter for three quarters was as follows:[4]

First quarter	*Second quarter*	*Third quarter*
10	15	18

Although it is not possible to generalize, since the training program was consciously kept flexible in order to meet individual needs and abilities, we may say that in the first quarter ordinarily the plan was to assign a fairly large number of cases which would afford an opportunity for a scattering of contacts on a fairly superficial level. Such a relatively superficial approach often was all that the students' understanding at that time made possible. In the beginning, then, the students were more exclusively concerned with analyzing cause and effect relationships as reflected in the behavior of patients and their families, and dealing with these problems on a less intensive level than ordinarily was true of their approach in the latter months of their training. As fast as they gave evidence of being better equipped to utilize a therapeutic approach leading to changes in emotional attitudes on a more fundamental level, they were free to attempt this.

4 These figures represent averages of size of case load carried by students from both schools in the Special Study Groups. (An analysis of the work of the Special Study Groups is made in chapter vi.) The students in these groups were selected solely on the basis of having spent periods of time in training that were as nearly comparable as possible, given the wide variations in the time element in training.

Training Value of Case Material

One point which was of special interest in relation to the training of the social service students, was the large number of cases carried over from one year to the next (see page 43). It was this group of old cases, which had been under treatment—some for a few months only, others for a period of from one to five years or longer—on which most difficulty was found in stimulating students' efforts to continue work. Although the inexperienced workers as a rule did not object to having the usual number of old case assignments, often constituting as much as two thirds of their whole case load, the experienced workers expressed considerable dissatisfaction on this score. The feeling was that these cases afforded little stimulus to the students' interest and efforts because prognosis of success seemed to them doubtful. Among the reasons given why the chances for improvement were slight, the following were the most usual: the frequent turnover in workers had constituted an obstacle to treatment; the previous worker, psychiatrist, or social worker had mishandled the situation; the case had been so mulled over in conferences that all constructive leads had been exhausted; and finally, in some cases treatment had been blocked from the start by the emotional maladjustment of the parents whose drives could only be satisfied at the expense of the patient.

While it was the exceptional student who was sufficiently well grounded in psychiatric theory to feel secure in making the last criticism in just those terms, her insight or intuition into the mechanisms operating in the case, often expressed naïvely by the statement that the parents were "hopeless," was sometimes sound although others had not recognized the impasse. Failure to perceive the hopelessness of the situation might occur when someone of the clinical group had fallen into the very human error of permitting himself an

emotional stake in carrying a case through to a successful adjustment, which kept him from detaching himself sufficiently from the situation to make an objective evaluation. Granting, however, that such lack of objectivity did occasionally exist, and undoubtedly always will to some degree in any clinic, it is reasonably certain that the large majority of the old cases were treatable. This was true because of the potentialities for constructive adaptation which were inherent in the patient or his family, or both, at the time the case first came to the attention of the clinic and because in the interval between that time and the assignment to date the treatment had been on a sufficiently constructive level to make the prognosis for improvement a sound one. Since the problem of seeing any constructive approach to old cases continued to exist for the student, however, no matter what the reality situation may have been, the supervisor was challenged somehow to discover a means of making the old case material more dynamic. Different methods were used by different supervisors, and by the same supervisors with different students, but as far as we may judge from the reports of individual students at the end of their training experience, it was the exception rather than the rule to find that any of the methods utilized were completely successful.

Certain students found it more stimulating to their interest to make a rather thorough evaluation of the constructive and destructive factors in the treatment relationships up to the point where they took the case over. This procedure seemed to them to point up the issues and to challenge their resourcefulness and their ability to inject into their treatment approach all the constructive elements possible. Other students looked upon this analysis as a dry academic exercise, and failed to see how it could be made vital until they had themselves established contact with the family and had de-

veloped a feeling of identification with it on this direct basis. Still others saw little value in such treatment evaluation until after they had worked on the case for two or three months, long enough to take stock of what they had been doing in terms of the case situation as a whole. The relatively objective picture thus obtained of the causes underlying their successes and failures seemed to provide a basis for the healthy self-criticism essential to a sense of professional adequacy and security at this time.

To many students, perhaps to all, apparently the most universally successful method of stimulating interest in old cases was, paradoxically enough, the assignment of a new case. It appears from the students' own comments that the whole process of dealing with their own first new case was so stimulating to their thinking and to their acceptance of the case work policies of the Institute that it affected their attitude toward their entire case load. For this reason, after the first year a consistent effort was made to assign a new case to each student within the first month of her arrival, and to follow this up with another new case as soon as possible. Often early contact with new material was afforded through the assignment of a consultation case, as well as a case for treatment.

While the one-day diagnostic consultation service cases, described elsewhere (see Chapter II, page 20), furnished the student with one of the most dynamic sources of contact with the personnel of other agencies, and thus with the means of understanding the philosophy and working methods of these agencies, all types of cases were to some degree productive of these values. The large proportion of cases referred to the Institute by agencies has already been noted (page 44). Other agencies were utilized in treatment, while still others then inactive had been sources of help to patients or their families at

some period before they came to the Institute. It was obviously not necessary for a student worker always to make a contact with every agency to which a case had been known, but in many instances there was sufficient opportunity for give and take with other agencies to make possible a better understanding of the client's past associations and to afford the groundwork for smooth and effective reciprocal relationships in future practice. It was recognized, however, that in a large city like New York, with its multiplicity of social agencies scattered over the wide metropolitan area, it is difficult to achieve the real familiarity with the identity and "feeling tone" of an organization, arrived at more naturally and simply in the closer association afforded in smaller communities. Perhaps in view of the actual situation as much as possible was done, by utilizing all the opportunities presented by case contacts, to make the students aware of the importance of easy inter-agency relationships. However, particularly to students who had never before worked in New York, this aspect of case handling must sometimes have seemed difficult and not altogether satisfying.

At one point early in the Institute work, analysis of school referrals revealed that approximately 300 cases were referred by 148 public schools, or, on an average, two cases per school. This suggests how difficult it was to establish valuable working relationships with schools. The student often had to be the organization's emissary in making the first contact in a particular school, and in interpreting the Institute's functions and purposes.

With some students who had been closely concerned with other fields of social work before coming to the Institute, a tendency to overidentification with other agencies, particularly with those of the kind with which they formerly were associated, was sometimes noted, showing that they had not

yet arrived at a point where they were ready emotionally to accept the concepts underlying social psychiatric practice. To such students it was often found helpful in the earlier period of training to assign as far as possible cases in which few agency contacts were indicated.

After the first year, the experiment was tried of giving the students some experience in handling applications. In this way, they had the opportunity to make the initial contact with the patient and the artificial barrier between worker and client, sometimes caused by having one person take all application interviews, was not built up. They also could learn to appreciate why in general it was important, as an administrative procedure, to assign applications to one person, who through concentrated and continuous experience might develop special ability in determining treatability and type of service required. Responsibility for the application interviews helped to broaden the students' perspective by making it necessary for them to decide what type of problem could be benefited by the psychiatric clinic and what resources were available for cases not accepted for treatment. It also provided opportunity for experience in an administrative function of major importance at the Institute. The experiment seemed to be of sufficient value to recommend it as a permanent part of student training and was continued until the closing of the Institute. The amount of time given to application interviews differed considerably at different times and with different students. In some instances it was possible to assign to the student as a part of her regular case load the case on which she had taken the application interview.

The need for a variety of problems in the cases carried by students is often stressed by supervisors and others responsible for training. It is true that this has a certain value in

enriching the student's experience. Too often in the past, however, there seems to have been a tendency to think of "variety" in terms of problems that seem to a beginning student to fall easily into different categories or groups, such as, for the patient, lying, stealing, revolt against authority, day dreaming, masturbation, and so on; and for the family, financial insecurity, dominant, aggressive attitudes of parents toward their children, marital disharmony, rejection of children by step-parents, etc. This tendency to dramatize a situation in terms of one outstanding symptom of maladjustment may easily insinuate itself into the thinking of those handling a case with the result that they may tend to focus treatment approach consciously or unconsciously on the resolution of this particular aspect of the problem. Under these conditions there is often a serious lack of discrimination in evaluating the true causes of the individual's unadjustment.

Without insight into the factors underlying temper tantrums, for example, the beginner may make serious blunders in handling the treatment relationships. Too frequently the student, interpreting this behavior as that of an over-indulged child, without recognizing the fact that symptoms of this sort may also appear in a child who has been rejected instead of over-indulged, attempts to lead the parents to an emotional acceptance of the value of ignoring the symptoms. Such a procedure would obviously produce further deprivation for a child who is striving by display of temper to gain some response or concern in a setting in which he finds himself deprived of affection. When as a result of this sort of handling the child's drive for attention becomes intensified, the student will usually become aware of an alarming tendency on the part of the parents to reject him openly. The belated realization that she has helped to reinforce the ele-

ments originally operating to disintegrate the parent-child relationship is one of the destructive experiences to which no student need be exposed.

As seen in retrospect, then, the growing trend in Institute philosophy to minimize the importance of symptoms in assignment of cases to students and to consider that any case potentially rich in possibilities for readaptation was of value for training would seem to be a healthy one. It became increasingly clear that an early appreciation by the student of the dynamics involved in human behavior was most important, and therefore emphasis was placed upon her consideration of these mechanisms. An attempt was made to give the student understanding of the different ways individuals utilized their reality experiences and thus to direct their attention to a most fruitful area for study and for growth in human understanding. There was also at times a very real value in giving a student at least one case in which the social and cultural standards were superior, in order that she might have the opportunity for identification with individuals whose background was more nearly like her own. Such situations were rich in opportunities for growth, since the student through her identifications with these individuals was often helped to a more ready acceptance of her own limitations and to a tolerance for others who, in spite of so-called "advantages," were having difficulties in their emotional adjustment.

The ability on the part of the student to profit by her relationships with her clients was obviously the crux of the whole training situation. To some students, always, everything is quickly utilized as "grist to the mill" in terms of opportunity to explore the intricacies and seeming contradictions of human behavior and to grow through this in understanding of themselves and others. To others, who are slower to recog-

nize such possibilities, help may be given by the supervisor in the emphasis placed at certain periods of training, on the assignment of new versus old cases, consultation or treatment routine case material, the handling of relationships with other agencies, and so on. Perhaps generalization is justified to this extent: for all students it has seemed important consistently to increase the size of the case load as fast as they could absorb and profit by such increase, in order to broaden and enrich their experience through identification with many individuals.

Division of Case Responsibility

Out of the entire body of 289 students in training during the years 1927–1933 only a few had had previous psychiatric clinic experience. For the students who lacked this experience, adjustment to working in a team work relationship, and especially to close cooperation with the psychiatrist, was not infrequently difficult. This was perhaps most often true of the students who came to the Institute after years of case work in other fields, habituated to carrying practically full responsibility for their cases, particularly if this previous experience had been very satisfying emotionally and intellectually. This problem, like all others arising in the training process, was handled on an individual basis.

Often for the student the process of making the social study available and valuable for others as well as for herself and the subsequent discussion of this at the initial conference brought about a synthesizing of information and points of view which led to a more complete understanding of all the issues involved. This understanding sometimes made possible her acceptance for the first time of the use of the fourfold approach in the study of the case. Even at this point, however, her impulse was often to see the value of the group

effort merely as a reinforcement of her own position in her subsequent treatment of the case and to discount the necessity for active participation by other members of the staff. The succeeding steps by which the student was led to a more complete acceptance of the value of sharing responsibility with the psychiatrist are not apparently as clear as this initial one. Theoretically, the transition was made more readily if a few of the student's cases, especially those most dynamic in treatment possibilities, were given psychiatric treatment by a staff psychiatrist rather than by a fellow. Since the psychiatric fellow was as unfamiliar in general with team work procedure at the start of his training as the student herself, and was as uninformed as she in the adaptation of psychiatric theory to child guidance work, it might be expected that she would feel reluctant to work with him. However, actually the fellow often proved as helpful in getting the student to share responsibility for a case with him as the psychiatrist. To many of the students not altogether objective in their outlook, the ability to identify with the philosophy and techniques of a worker in another field, and as a result to profit by his contribution, often depended on the personality of that professional worker rather than on his experience or maturity. It is not possible, therefore, to make any generalizations as to the relative value of working with the staff psychiatrist or the fellows, although it is safe to say that ordinarily any substantial contribution derived from work with the fellows necessarily came toward the end of their training. While certain students had the need to reject the participation of the psychiatrist in their cases, others were all too ready to project the major part of the responsibility for all their cases on him, and to subordinate themselves to the kind of errand girl role characteristic of the embryonic period of psychiatric social case work. Some students, who exhibited such dependency

needs, found in the psychiatrist with whom they worked the ideal parent image which they were unconsciously seeking, and accepted his work completely and uncritically. On the contrary, other students whose need for dependency was not so marked were disappointed to find that psychiatric practice like all other phases of work in an organization where much of the case work was carried by those in training, was at best uneven and very seldom measured up to the somewhat exaggerated ideas they had previously held of what could be accomplished through the mental hygiene approach. It was often found possible to forestall such disillusionment by emphasizing, in the early days of the training period, the fact that the process of changing human attitudes, which are rooted in the individual's previous life experiences, is necessarily accomplished slowly through gradual growth, and that the permanency of sudden and spectacular success is often open to question. In addition, it was frequently necessary to face frankly with the student the unevenness of work implicit in any training situation. Both to the students who showed a need to reject the contribution of the psychiatrist, and to those who showed a need to become too dependent upon it, the very fact that many of the fellows in psychiatry were no better prepared than they were themselves to shoulder the major responsibility for a case, may have been helpful rather than otherwise. In this situation the student's attitude toward the division of therapeutic responsibility may be the more objective because she feels less insecure as she senses the limitations of the psychiatric fellows in the early period of training. They may then find themselves able to accept the contribution of the fellow on a cooperative basis, without the earlier elements of competitiveness or dependency.

It was not practical to keep a running record of the division of treatment responsibility in the Institute case load,

since frequent shifts were made necessary by the changing needs of the cases. Such changes were also imposed, but to a much less extent, by the strength of service and amount of time available in each of the professional fields for cases needing special handling. The figures in the following tabulation represent one small cross section of the total situation, based on a survey made of the cases in April, 1931. They are probably reasonably typical, and give some picture of the extent to which a student had the opportunity to handle cases for which a psychiatrist or psychologist carried the major responsibility, as well as the extent of her experience with cases in which the major responsibility rested with social service, or in which responsibility was shared with the psychiatrist or psychologist.

DISTRIBUTION OF CASE RESPONSIBILITY FOR 281 CASES CARRIED BY STUDENT SOCIAL WORKERS ON A GIVEN DAY

	Number of cases	*Percentage distribution*
Total cases under treatment April 15, 1931	281	100.0
Major responsibility for case work in one field:		
Psychiatry	31	11.0
Psychology	5	1.8
Social service	72	25.6
Joint responsibility in two or more fields	173	61.6

IV

GROUP CONFERENCES ON CASES: TRAINING VALUES

MENTION has already been made of the value to the student of the group conference as a means of facilitating cooperation with other professional workers in planning and carrying out treatment processes. Such conferences had further specific training values in contributing to the student's assimilation of mental hygiene concepts and to the clarification of case work techniques and approach. In addition they frequently contributed to the solution of a student's difficulties in accepting the student role in relation to her supervisor.

Discussion of case issues by the group often released the student from the feeling that she had to rely on her supervisor alone for help and as a result whatever negative or unsatisfying elements there were in the supervisor-student relationship for her were modified. Also the student, through group conference discussion, would frequently grow in her understanding of the causes underlying the behavior and attitudes of the clients which had formerly seemed obscure or overdrawn to her. However, the relationship between such acceptance of concepts and acceptance of supervision is neither inevitable nor always defined, and anything like a full acceptance of the training situation or the subject matter of training is unquestionably a long growth process for many students. Perhaps it may safely be said that through identification with those who articulated the concepts, by means of group conferences, the student sometimes came to recognize

for the first time the validity of the mental hygiene approach and was therefore free to respond to the training situation with a more objective attitude.

The Initial Conference

The initial conference, at which the findings in all four fields were discussed by the workers participating on the case as soon as possible after the preliminary examinations, provided an opportunity to interpret the findings in each field in relation to the material obtained in the others. On the basis of the integration of these findings through the group thinking, some tentative formulations were arrived at concerning the underlying causes of the difficulties in adjustment revealed, and some means of working out a helpful treatment approach to meet the needs indicated.

The usual routine of case presentation at the initial staff conference was as follows: the examiners in all four fields read in turn a summary of their findings or gave them informally from notes unless in the particular instance the examinations were sufficiently brief to be read in full. The psychiatric examination was frequently given in full because of the difficulty of summarizing this material without sacrificing that which was essential to as complete an understanding as possible of the patient's behavior and personality.

To many students, especially at the beginning of their training, the difficulties involved in summarizing the social examination appeared no less insurmountable. Where so much emphasis was put on the need for exploring the child's environmental setting and obtaining material on the causation of his emotional attitudes and on those of other members of the family group, they felt there was no justification for omitting any of these important findings. While the staff recognized that this point of view was sound and that certain

very real values were sacrificed in summarizing such vital material, it was not possible from a practical point of view to give the time for the full presentation of each social examination. The experiments that were made with verbatim reporting within the special staff unit, with its small staff, relatively small case load, and consequent opportunity for more frequent conferences, were a constant reminder of the outstanding advantages of this procedure often utilized in smaller psychiatric clinics. If the Institute had continued, it is probable that some way would have been found to hold more frequent and informal conferences and to utilize more generally full reporting of the findings in the field of social service and psychiatry.

On the other hand, the process of summarizing had its own training value since it helped to clarify for the students what material was significant in throwing light on the causative factors underlying individual behavior. The clearer thinking thus achieved developed the students' ability to make a more sensitively discriminative minimal examination. Perhaps no other process brought home to the students more effectively in the early part of their training that in their enthusiasm for exploring the total social picture they sometimes acquired factual detail which was of little significance because they had failed to get below the surface into the emotional implications that such material represented for the individuals concerned.

While there was an essential agreement among staff members as to the material which should be included in the social examination, there was some diversity of opinion as to how the students might be helped to develop discrimination in obtaining it. It was felt not only that the experience of summarizing the social examination but also the form of the summaries presented at the initial conference could be made

a useful tool in training toward the development of such discrimination in history taking. Therefore in making and presenting the summaries, various arrangements of the material were tried although the content was, in general, always the same. A condensed family history was given, followed by a synopsis of the birth, developmental, health, school, play, work, and general behavior history of the patient. The order however varied, either the family history or the patient's history being given first. To some of the clinic staff the latter method was found preferable because it tended to place emphasis on the child himself. Ordinarily he was the only member of the family group seen by the psychiatrist, psychologist, and pediatrician before the initial conference and the one with whom they were primarily concerned. They found it more stimulating to their interest in the total social picture to focus on the child at the start and to make a later transition to family history, rather than to arrive at their impressions of the child less directly through the medium of the interacting family relationships. Another reason frequently given for preferring this order was that it stimulated the student to obtain more complete information about the child, particularly with regard to the birth and early developmental and health history, so essential to an understanding of the genesis of the present emotional responses to his environment. Moreover, throwing the spotlight on the child was thought to heighten interest in the present relations of the parents to each other and to the child and tended to obviate the difficulty sometimes encountered of too indiscriminate preoccupation with early parental history.

Certain members of the clinic staff, on the other hand, felt it was important to give the family history first because in this way the causative factors underlying the mechanisms of

the child's personality were emphasized. Still others thought both these methods of presentation involved too much repetition and were too static and that some way of presenting findings should be used which would be simple to follow and which would retain more of the spontaneity and flow of the material as it came through from the clients to the workers. Experiments in this direction were made but a longer time was needed to achieve substantial progress in developing a more vital method. It is of course true that form has no reality apart from content, and that as content is rich or meager, form is correspondingly dynamic or static. But often through experiments in form one is able to stimulate the student's awareness of her need to be imaginative and resourceful in her approach to her clients.

At some time during each student's training at the Institute it was planned to give her an opportunity herself to integrate, interpret, and present for discussion at the initial group conference the findings on a new case in all four fields of study. This plan was not consistently carried out, partly because of lack of conviction of its value on the part of some of the staff, and partly because of the extra effort required in carrying through any project additional to the usual routine. This was a very real consideration when the majority of the students found it necessary to do a great deal of work overtime in order to keep up with their regular program. The procedure is only referred to here because in a number of instances it was found to be of value in aiding the student to gain the conviction more quickly than she otherwise might that the contributions of the pediatrician, the psychologist, and the psychiatrist were essential to a complete understanding of any case which was to be treated on an intensive basis.

When such a procedure was followed the student's pres-

entation of the case was most successful when based on an outline giving the problems revealed in the study and summarizing the information gained from all of the fields included in the fourfold approach which threw light on the causations of the problems. Aside from its training value, this method had an advantage in itself since it eliminated the necessarily artificial and arbitrary method of separating the findings, which occurred when the examiners in each field presented the material.

In spite of all efforts to direct discussion in conferences to the case as a whole, often it was found that with the usual procedure of having each examiner contribute his report there was a concentration on points of particular interest to some of the group present. This sometimes left the student with an impression of spotty and uncoordinated thinking, and perhaps considerable confusion as to the need for social service participation in cases where the medical, psychological, or psychiatric issues had been stressed. Since, however, presentation of material by the examiner in each field requires the least preparation, it is the type of procedure ordinarily adopted by clinic groups. It is probable that in the long run the student gained more from participating in conferences conducted in this way, with whatever strength or weakness they might have, because they represented one of the reality factors to which adjustment would have to be made when she was actually holding a job at a clinic. Also this procedure has the value common to all conferences of throwing the responsibility back on the student to coordinate and integrate the material which has developed in the group discussion in order that she may gain a clear understanding of all the implications in a case. Therefore the real values of group thinking which are a stimulus to and not a substitute for individual thinking were sustained.

The Treatment Conference

Following the initial conference, treatment conferences were held at intervals usually not exceeding three months as long as the case was active, to review trends in case movement and to draw on the combined experience and creative imagination of the group for an evaluation of the situation with a view to future handling. In the latter years of the Institute, there was a growing trend toward greater flexibility in the handling of group conferences on cases, less distinction being made between initial and treatment aspects in order to emphasize the continuity of treatment from the first contact on a case throughout the period in which it was carried at the clinic. There was also a tendency for all group conferences to be held informally and spontaneously at more or less frequent intervals in the movement of the case. The scheduling of the conferences was determined by the need for the expression and clarification of the thinking of the participants in therapy, dependent only on the individual situation and not according to routine.

One of the more important training considerations in treatment conferences was the necessity constantly to focus attention on the whole movement in the case. In a training center such as the Institute, there was seldom opportunity to give the continuous handling of a case to one person. When student workers left, their cases had to be reassigned to other students who found it necessary, in order to orient themselves, to review the past history of the clients. When she took over the old case, the student had to understand not only the meaning of the client's life experiences before he came to the clinic for help, as far as these were known, but also what his experiences since then had been, and how he had reacted to them both in his own environment and in his relationships with the clinic workers. Such an understanding

was considered essential because the client's relationship with the present worker was to some extent conditioned by his relationship with the previous Institute workers, with whom he would more or less identify her. Unless the meaning to the client of this series of relationships was understood by the worker, his response in the present relationship could not be adequately interpreted. Also one important way of gauging the client's ability to profit by these relationships was through his response to other people and his handling of the practical matters of everyday living. The difficulty of exploring the total situation in a case is evident, especially when the case records represented the work of several years. In view of the recent trend in case work toward emphasizing the relationship of the present worker and client as all important, the effort of reviewing such bulky records may be considered by some to have questionable value. How complete the recreation of the past situation should be must be judged in the light of an agency's interpretation of its case work responsibility and its case work philosophy.

The aim of treatment at the Institute in general was to help the client to work out in his relationship with the therapist a growth in personality in the direction of certain norms of social adjustment. It was recognized that norms of personality growth are necessarily tentative, since they are based on individual abilities and limitations rather than on any arbitrary standard imposed from without. However, it was generally felt that such standards were helpful in testing the progress of the client in ability to relate himself successfully to reality situations. This approach may be thought an attempt to arrive too quickly, or too superficially, at a working adjustment for the individual. Perhaps it does not as often involve the deeper emotional levels implied in the kind of relationship therapy now utilized in many case work organi-

zations and described, for example, by Miss Virginia Robinson.[1]

Since, in general, in Institute case work practice an effort was made by the worker not only to help the client to grow and to change but to be aware of how his emotional experiences involved in such a process were affecting his relationship with others, as an index of adjustment, the worker especially needed to keep in sight the causative factors underlying present mechanisms. This understanding was essential to guide the worker in the relatively active participation in the solution of the client's problems. Therefore, a new student in her first treatment conference on an old case that had been reassigned to her was helped to an understanding of what her approach to the client should be, not only by the group discussion of the present situation, but also by her preparation in familiarizing herself with the total movement in the case up to the present.

In later treatment conferences held on the same case it was equally important that the student should not lose sight of any significant movement in the case since the preceding conference, or of the background for such movement represented by the total case situation. On this basis the student's plan for further handling of the case could be most effectively integrated with that of the other workers participating in therapy.

Other Group Conferences

The case work conference, held because some emergency had arisen or because of indications recognized by any of the professional staff participating in the treatment of the case that an immediate shift in emphasis in handling the situation

1 Virginia P. Robinson, *A Changing Psychology in Social Case Work* (Chapel Hill: The University of North Carolina Press, 1930).

was needed, usually represented a sufficient challenge to the imagination and resourcefulness of the group to bring out a dynamic interchange of ideas, and to furnish a stimulus to the student's approach to handling the case.

One-day diagnostic consultation conferences (Chapter II, page 32) were held once a week during the years 1930–1932 and sometimes as often as twice a week in 1932–1933. The examinations in the physical, psychiatric, and psychological fields on the cases discussed at these conferences were made in the morning preceding the conference, and were of a briefer kind than those usually given. The social findings were furnished by the agency, occasionally supplemented by such material as the student could gather in one brief interview with a parent, or parent substitute, interviewed at the Institute while the child was being examined. The manner in which these cases were handled, therefore, was similar to one type of brief service often utilized in clinics which have more constant pressure resulting from heavier community demands, and where limitation of time necessitates less intensive service than was usually given at the Institute. The consultation study of these cases was leveled at diagnosis and tentative recommendations only, with a view to supplying other individuals or agencies with assistance in their current treatment responsibility. In the belief that such a service requires more rather than less professional experience, the director or chief of staff participated in the examinations with the psychiatric fellows and acted as chairman of the discussion in conference. The presentation and discussion were informal and aimed to telescope the thinking on the case in the light of the outstanding case needs and available facilities for handling them. The referring agency participated in the discussion. Frequently as many as three cases were examined and discussed at a conference in one day, thus affording the

students an opportunity to get a picture of the possibilities of quick brief service, and its adaptation to the needs of other agencies.[2]

Attendance at Conferences

Since such a large proportion of the student's time was occupied in activities related to her own case work, it may be readily seen that the time allowed for visiting conferences on other students' cases would have to be controlled and minimized to a great degree. Many students, especially those most experienced in case work before entering the Institute, were eager to attend conferences as auditors, thinking that much could be gained from contact, even though superficial, with a wide range of problems and from the thinking of members of the clinical staff with whom they would not otherwise be in touch. Granting the validity of this in theory, for want of time it was possible in practice only to a limited extent, as may be seen from the figures on *Conferences visited* (Tables 1 and 2, pages 37 and 38). The one type of conference which the students were urged to take time to visit as frequently as possible was the one-day diagnostic consultation conference, referred to above. Student attendance at these conferences was particularly emphasized because of the training values implicit in familiarity with the possibilities of this type of brief service and with the personnel and policies of other agencies.

2 The training value of consultation cases referred by parents has been discussed in chapter ii, page 20.

V

SUPERVISOR AND STUDENT

SOME of the experiments made at the Institute with the purpose of achieving an increasingly helpful relationship between supervisor and student have been referred to in the preceding chapters. Success in this relationship was primarily due to the imagination and maturing philosophy of individual supervisors, and it is unfortunate that more of their actual experience with students is not recorded. However, there was an extensive interchange of ideas on supervision both informally among individuals and in the conferences of the social service staff, held once a week in the early days of the Institute and at less frequent intervals in the latter years when there was less need for orientation of the group to general policies and methodology of training. The conference held once a week throughout the six years of the Institute's existence, and attended by members of all the permanent professional staff, provided another channel for discussion of supervisory problems and techniques. Consultations between the case work supervisor and the educational supervisor, and between each individually or together with the chief of social service, were also productive of the exchange of ideas on supervision. Further contribution to common understanding was made in conferences with students on training methods held at certain times by the case work supervisors and by the educational supervisors and chief of social service. Valuable suggestions on student reactions to training frequently came from members of the professional staff in the other clinical

divisions exclusive of social service, as a result of their individual contacts with students.

While an attempt is made in this chapter to re-create some of the thinking underlying the approach to problems of supervision, it is impossible to make more than a generalized survey here of the supervisor-student relationship. It is hoped that more complete analyses of this subject will be made in the future by individuals currently active in supervision who have had supervisory experience for several consecutive years. Only through such contributions can real progress be made in developing more helpful relations between supervisor and student, based on expanding knowledge and experience.

Assignment of Students to Supervisors

At first as many as eight students were sometimes assigned to one supervisor, but at the end of two years' experience it was found to be impractical for one worker to supervise so many, and the number was reduced to six except in rare instances. In inquiring, in 1930, into the policies of other training centers, it was discovered that in some of those whose standards both for case work and student training were high, the maximum number of students per supervisor was six. This ratio was particularly significant in the case of one agency which did not function on a clinical program, and where a selected group of supervisors was free to spend practically full time in direct work with students. In comparison with the demands on the time of supervisors necessitated by the fourfold study and treatment plan at the Institute, it is evident that the supervisors in this particular non-clinical agency had an advantage, which those at the Institute lacked. The experience of other agencies also confirmed the experience at the Institute that while theoretically it may be an ex-

cellent thing for a supervisor to carry case work concurrently with her supervision, from the practical standpoint it is difficult, if not impossible, to plan for this as a definite part of the supervisor's responsibility, especially if she has six or more students. Moreover, at the Institute, the supervisor had to assume direct responsibility for cases on those days of the week when her students were not available for field work and during the summer quarter, when fewer and less seasoned students were accepted for training.

At the same time that a reduction was made in the number of students carried by any given supervisor at the Institute, a change was made in the general distribution of students. During the first two years, the students from both schools had been divided among six case work supervisors, but now three supervisors took over the work of training students from the New York School and three that of training students from the Smith College School. Through this arrangement it was hoped that the supervisor might more easily follow the training plan of the one school represented by her students, and thus facilitate the integration of the students' theory and practice. As far as this was practical, the supervisors were given students from the school in which they themselves had taken training. It is possible that in the progressive working out of this plan, carried on for the succeeding two years, the students were also helped by the fact that the old cases taken over by them had been previously worked on by students from their own school, who presumably utilized certain techniques and emphases in case work approach characteristic of that school.

At this point there will doubtless be many who would question the wisdom of what may appear to be a policy of overemphasis on specialization rather than on variety in experience. In fact, however, there was great variety in the

presentation of psychiatric theory, due to the different approach represented by instructors at the respective schools, by the clinical psychiatrists, and by the psychiatric fellows in training at the Institute, as well as by the director and chief of staff who were often participants in the group conferences. Reduction of the approach to case work by the social service staff to the simplest possible terms, therefore, might well be looked upon as a valuable asset in stabilizing and coordinating the students' points of view. If this policy seemed sound at this particular point in our knowledge and understanding of the problems involved, it must be recognized that it, like all the other important policies in training, was tentative and subject to change, should this seem advisable.

Relationship to Students

While it was recognized that the students brought to the training situation certain attitudes and needs which they would tend at first to project into their relationship with the supervisor, this was not necessarily discussed with them either at the beginning or at any other point in their training. Some attempt was made at the start to clarify for them the concept of the supervisor's role by bringing out in general discussion that she was primarily interested in helping the students to broaden their knowledge and understanding of the meaning of human behavior and to refine their techniques of treatment, and that she did not wish either to hamper their initiative or to place too much responsibility on them before they were ready to assume it. Frequently, especially at the beginning of the training period, it was not possible for the student to accept the relationship on these terms, which implied a maturity of point of view and a degree of security within herself which she had not yet attained. Often her dependency

needs became evident in her tendency to put the supervisor in the position of substitute parent and to project responsibility on her, showing little interest in helping herself. Other students, equally insecure, tended to reject the supervisor from fear of giving in to the need of leaning too heavily upon her. Their essential insecurity may have been manifested in a variety of symptoms; such as rejection of supervision and of the concepts of mental hygiene, as well as resistance to the flexible and tentative approach utilized in case work in a psychiatric clinic. It would be possible to multiply almost indefinitely examples of such symptoms, which any experienced supervisor would recognize and identify as similar to those encountered in her own students. Although the arrangements for supervisory conferences were kept very flexible, when the avoidance of them became marked—the student sometimes telephoning from the vicinity of the homes of her clients to report that she was being unavoidably detained, or else allowing numbers of appointments to pass without explanation—some difficulty in adjustment to the supervisory experience might usually be correctly inferred. Such a student when she did appear for her supervisory conference, would sometimes attempt to dominate it by talking of irrelevant details or by interrupting the supervisor whenever she tried to bring the discussion around to important issues. Another student might sit on the edge of the chair prepared for flight, on one pretext or another, such as that a client was waiting for her. Instances there were, also, of students withholding material from records and explaining later that, since they had felt the supervisor neither understood nor sympathized with their point of view, they thought they would get better results in treatment unhampered by the supervisor's suggestions. Students showing this kind of difficulty in relating themselves to supervision, were often very critical of the

agency's records and of the work previously done on their cases by one or more of the clinical team.

In some instances students who were carrying into the present situation earlier emotional needs for authority and punishment gave evidence of persistent feelings of failure and inadequacy, or of a wish to put themselves in the wrong by evading responsibilities and making trouble for the supervisor by disregarding routine, misinterpreting her statements, and so on. Since the latter type of response was often similar to that of students who had an emotional need to reject authority, it was of course essential that the supervisor should discriminate in terms of the total personality reactions of the student as she saw them and direct her handling of the situation accordingly. Examples of this type of response identifiable as arising from a need for punishment are: the failure of a student to carry through routine details, such as verification of birth dates prior to the psychological examination, the scheduling of appointments for conferences or for patients to be seen at the clinic, the writing of important letters and reports, etc. In this same category we may list failures to make contacts on cases, and a piling up of "write-ups" on cases which the student delays to write or dictate so long that the rest of the clinical staff interested in the case are seriously handicapped in treatment. More direct bids for punishment are shown by the student who comes to the supervisory conference having given no thought to material for discussion and who tells the supervisor that she deserves a scolding for this; by the student who "has a confession to make," that after having planned to take up certain points with one of her clients on her next visit, if the opportunity arose, she allowed several good openings to slip by without utilizing them; and by the student who constantly seeks criticism of her work, even though the supervisor has already attempted to help the

student make an evaluation of her work for herself, and so on.

The experienced supervisor, whose own security was not threatened by the evidences of such attitudes, was able to recognize the importance of these symptomatic responses and to help the student work through to a more self-assured and progressive attitude.[1]

In surveying the experience at the Institute in the light of the comments of students at the completion of their training, the most frequently recurring criticism was that the staff, in their anxiety not to overprotect the student and to let her do her own thinking and acting freely without the imposition of anything which might look like the exercise of authority, had emancipated her too early. In some instances it was felt that the student had insufficient background of experience to guide her in dealing with her case work processes or to evaluate her successes and failures. In others we may recognize that in such comments the student's own problems were revealed. For example, one individual had a great need for dependency, so that she could only interpret her supervisor's efforts to make her independent as a rejection of her personally; another student had not only wished to be dependent on her supervisor, but was unconsciously demanding punishment from her in the form of criticism in order to ease her as yet unsolved problem of guilt. With due allowance for all the subjective elements underlying it, the criticism cannot be dismissed. It was not representative of the opinion of the whole student body; there were students who considered that they had not been allowed enough freedom, and others who stated that the supervisory relationship had as closely approximated an ideal balance of guidance and freedom as probably could be achieved. If we were to accept this latter

1 For specific methods used in helping such students, see pages 89 and 90.

testimony as true, because it seems to represent the most objective attitude of students who had no difficulties in handling authority-dependency relationships and were therefore free to accept the mature sort of supervision in which all the help they needed was available for the asking, and nothing was superimposed on them, such complacency would certainly be open to well justified suspicion by others.

Since in the relatively small and carefully selected group of supervisors it is perhaps safe to assume that there are fewer outstanding personality difficulties than in the larger and relatively less carefully selected student body, we may be justified in minimizing to some extent the misuse of the authority-dependency relationship by the supervisor. That such problems do arise, however, with supervisors as well as with students, is a point unfortunately too well established to need elaboration here. At times, then, during the training process it is undoubtedly true that the supervisors failed to measure up to an approximation of the ideal of objectivity in handling their individual supervisory relationships.

The supervisor must increasingly be ready to bear the brunt of the responsibility for refining her techniques of supervision to the point where she will do a more adequate job. And in attempting to become more effective she must always turn again to the analysis of the students' needs to guide her. It does not matter if the protests against too early emancipation or too inflexible control come from students insecure in their own personality integration. Such students presumably will always fall to the supervisor's lot. Recognizing this, she must readjust her methods, so that she allows one student a certain necessary period of dependency upon her, emancipating her more gradually than she would another more secure student; and helps another student to vent her hostility upon her, while gradually leading her to see that the authority

with which she has invested the supervisor is fictitious and not a reality to be combated. If such a plan is followed, the supervisor will soon have few if any "problem" students on her hands, and will not have compromised her conviction that a supervisor should not encourage a student to talk of her difficulties or attempt to enter into a psychotherapeutic relation with her.

Some students there will always be whose difficulties are too deep-rooted and too complex to respond to such superficial handling, and who will find the flexible control of the supervisor not sufficiently stabilizing to carry them over the training period. At the Institute, perhaps due to the limitations of the staff, too many of the students seemed to fall into this category. However, when superficial handling of a student's difficulties proved inadequate, the Institute policy was to encourage her to consult a psychiatrist, preferably not one on the Institute staff because of the complications inherent in close working relations with a staff member as psychotherapist. This difficulty would, it was considered, be even more pronounced if the student's supervisor assumed the role of therapist, even though her objective qualifications for handling the situation on this level might be, and often were, adequate. Often it must have seemed arbitrary, or worse, to the student finding herself in an emotional jam and eager to talk out some of her most pressing difficulties with the supervisor, to be brought back again and again to a discussion of the needs of her cases, and eventually to recognize that she was being encouraged to look elsewhere for personal help. The student in such cases may easily have felt the more frustrated because of her confidence in the stability and sympathetic understanding of the supervisor to whom she had easy access, and who provided the logical opening to speak of her needs. Frequently, however, she was quick to see that the

time available was too limited to make it possible for the supervisor to be of real help in working out her difficulties; and that, in general, it requires an unnecessary expenditure of energy to make an adjustment to an individual on two levels, such as the rather impersonal one of supervisor and the more personal one of therapist. The student was not prepared to see, nor was it necessary for her to see at this point, that the supervisor, in assuming the position of therapist, might become invested to an extreme degree with attributes with which the student was already endowing her in a milder and more easily handled form. To be more specific, the combined supervisor-therapist might symbolize the much loved and depended-on parent or sibling, or the unsympathetic and rejecting one, or both in turn, and henceforth all working relationships with her would be immensely complicated until this pattern was slowly outgrown. All the resulting complications of possible jealousy toward other students, who for the time being would have become rivals for the supervisor's interest and attention, would provide further obstacles to the success of such a relationship.

Unquestionably, many times it was possible for the supervisor to give a student who was emotionally upset a great deal of help indirectly, through the discussion of a diversity of issues arising in her cases. In this way, she led the student to work out an interpretation of causative factors and methods of treatment approach, giving particular consideration and careful handling to those situations in which the student was identifying herself with a client. This gradually helped the student to build a substantial foundation of actual experience, which enriched her understanding of the purposiveness of human behavior and the dynamic potentiality inherent in each individual for creating within himself new and more harmonious patterns of response to the world he

lives in. At this point, psychiatric concepts ceased to be theoretical for the student and became a very real part of her thinking and feeling, affecting her attitudes toward herself as well as toward others. This result in general is the major objective of all training in case work. Some students may arrive at it more easily than others, and to some it will have more far-reaching implications in terms of their own personality adjustment than will be true of others, but the goals are the same for all. The criterion of success in the training situation is the student's growth in overcoming or accepting her limitations, rather than the extent to which she has measured up to some theoretical standard set by students of very superior personality equipment and of particularly mature emotional adjustment. The experienced and skilled supervisor was necessarily aware of the complex implications of the personality differences in her students. She recognized that even when apparently similar needs for dependency or authority were evidenced by several of her group, it was seldom possible to use the same methods for helping any two of them to achieve the security essential to professional growth.

In the preceding discussion, general aspects of the student-supervisor relationship have been described but not the experience of any particular student. The need for study of specific examples of the relationship by individuals actively engaged in supervision has already been mentioned. Meantime, the development of this relationship has been given such a complete exposition in Miss Robinson's book, *A Changing Psychology in Social Case Work*, in the chapter on The Worker and Her Preparation, which seems to synthesize and to enrich the most advanced thinking of psychiatric social workers to date, that there is so far little more to contribute to the understanding of what factors should enter into the

situation in which the student is free "to think, to experiment, to grow, to change."[2]

However, in each clinic there will perhaps always be a different emphasis on case work responsibility, objectives in treatment, and methods of attaining objectives. In so far as such differences exist, the training emphasis will vary. For example, the philosophy of an agency which attempts to set the client free to grow toward a solution of his problems by means of the dynamic relationship with the worker without external manipulation or control, will develop a philosophy of training which tends to emphasize a similar relationship between student and supervisor. In such a situation the development in the student of an ability to "resign her reliance upon social norms, moral standards, and sound treatment plans, in favor of limited treatment ends and the stimulation of growth processes within the individual which may carry him she knows not where"[3] may be considered the criterion of success.

At the Institute, the philosophy of case work was on the whole concerned with helping the client, through the worker-client relationship, to achieve growth in personality adjustment in which the recognized goal was an increasing ability to meet the demands of everyday living with relative objectivity. The client's integrity as an individual and his right to freedom of choice were constantly held to be of the highest importance, and the attempt was made to exercise direction or control only in so far as this was possible within the limitations set by these concepts. In the same way, in the relation between student and supervisor, the objective to be achieved was a balance between freedom and direction.

2 Virginia P. Robinson, *A Changing Psychology in Social Case Work* (Chapel Hill: The University of North Carolina Press, 1930).

3 *Op. cit.*

The fact that the case needs of the agency furnished a controlling force that could not be disregarded probably created difficulties in supervision less generally than might have been anticipated, owing primarily to the freedom of the relationship between supervisor and student. It would obviously be unsound to suggest that such an ideal relationship of freedom and security on the part of the student and objectivity on the part of the supervisor was the rule. It was rather the objective held by each supervisor, and attained by her with varying degrees of success at different times and more with some students than with others.

Training Methods

The process by which the supervisor individualized the training experience for the student was not based primarily on selection of cases, although this method was sometimes used. She depended rather on the adaptation of the content of her conferences with students to their emerging needs, giving reinforcement where they needed it and withdrawing support where they could function on their own responsibility. In addition, she was ready to help the student coordinate all her activities in such a way as to get the maximum benefit from her experience with the minimum of waste effort, in so far as this could be effected without hampering the student's own initiative. In other words, a consistent effort was made in Institute training to relieve the individual as far as possible from the need to function slowly and expensively by the trial-and-error method, at the same time releasing her to assume the maximum responsibility for which she was ready.

The point at issue here would seem to be one of economy, obviously one of the fundamental principles underlying all processes of student training. It is indeed a wise supervisor

who knows just when to give and when to withhold. Sometimes she may speed up a student's progress by manipulating the situation in any of several ways: by selection in the assignment of cases whenever possible; by laying emphasis on the need for certain types of group conferences; or by sharing her own philosophy and fund of skilled techniques, so that processes stand out simplified and in such clear relief that assimilation for the student is a relatively easy matter. At other times she must withdraw herself from the situation in order to allow the student to assert her own independence, very much as if she were carrying a lone job in which she had no one to turn to for assistance. Clearly the supervisor's compass, in steering this difficult course, must be the student's need and level of understanding at each step in the training process. Though this may be axiomatic in theory, in practice it is not simple.

Many students felt themselves overwhelmed at the start of their training at the Institute by the unfamiliarities of the set-up, and the emphasis on intensive treatment rather than on short service and volume of work. In an attempt to meet them at the initial level of their understanding, the supervisor sometimes utilized her knowledge of their past experience to point out its similarity to the present situations with which they were dealing. In this way it was possible for the students to see that it was not necessary to scrap all the knowledge which they had acquired through previous case work experience or in their relations with family, friends, work associates, and so on, but that they could become more discriminating in their approach through understanding the reasons for their success and failure. To some extent it was also possible for the supervisor to give the student unfamiliar with the social psychiatric approach to cases, some interpretation of how she herself would apply her understanding of

human behavior and relationship techniques to certain specific situations which the student felt unable to handle. It was important, however, that such interpretations should be kept so simple that the student could easily grasp and utilize them. The method was relatively seldom used, because of the emphasis on the need to encourage the student to do her own thinking, but if careful consideration was given to the student's individual needs, as she brought them up spontaneously in discussion, the procedure often was a means of hastening the integration of the student's theory with practice.

While such methods obviously played into the dependency patterns of the students, the conviction of their value was reinforced as it became apparent that some students had been expected to assume a greater degree of responsibility than they were equipped for, especially in the first quarter of their training.

Some supervisors were reluctant to offer any criticism of the students' work even in the early period of their training, for fear of encouraging them to project their responsibility and to rely on the supervisor to make decisions for them. To provide a substantial basis for autocriticism, for students who did not have a sufficient background of experience for the practical utilization of social psychiatric concepts and who were showing concern about their ability to evaluate their work, it was often helpful to suggest that they select a case for more detailed discussion of treatment during the supervisory conference than was usual. Even though this necessitated one or two additional conferences a week the results justified the extra expenditure of time. Discussing a case in this way furnished a stimulus to the student to utilize freely all her knowledge and understanding of the causative factors underlying the total case problems and the manner in which her treatment was affecting them, with the assurance that she

could bring up for more leisurely discussion any questions she had as to her interpretation or procedure. This in itself sometimes brought release from the pressure of attempting to assume more responsibility than she felt equipped for, and enabled her to clarify the whole process for herself with the minimum of assistance from the supervisor. In those instances where considerable supplementation and reinforcement in interpretation were needed from the supervisor, it was still possible to handle this constructively for the student by limiting such discussion to her needs as evidenced by her questions, and by presenting it on the level of her ability for assimilation. Any possible threat to her security which might be caused by revealing to the student areas of lack of understanding and resulting errors in treatment approach, was minimized by scheduling such discussions as soon as the student herself became aware of the need for clarifying her thinking and approach to her cases on a somewhat more intensive level. Early in training it was possible to point out that gaps in understanding and errors in practice were prevalent among all students new to the field, and ordinarily to forestall the utilization of such inadequacy on a subjective level as indicative of personal deficiency. Moreover, it was possible for the supervisor to limit this more intensive analysis of treatment procedures to one case at any given time, if an evaluation of progress on all her cases might give a particular student too little sense of achievement before effective integration of theory with practice was evident. For many students, also, it was dangerous to encourage too much intensive analysis at any one time, since this might be utilized by them, consciously or unconsciously, to keep the training experience on an intellectualized level. To such students any opportunities for spending time on the more or less academic exercise of case analysis would be seized upon as rationaliza-

tions for remaining "rooted to their desks" and for failures to get into actual contact with their cases.

This method of reinforcing the student's understanding and case wisdom through a relatively more intensive evaluation of the treatment on one or more of her cases than was usual in the regular supervisory conference, was not only valuable but also practically essential for all students at some point in their training, as a means of refining their techniques of handling case problems on a more intensive level. Frequently it was found of value to plan this kind of thorough analysis for most, if not all, of the student's cases toward the end of her first quarter of training in order to clarify progress up to this point. The student might be led to see that in her recognition of inadequacies in certain areas of treatment, gained through her increasing ability for keener discrimination of the values of her work, lay the evidences of growth which alone could be considered the criterion of achievement at this time. The increase in purposiveness and direction of the student's work in the succeeding quarters of training, as a result of this procedure, was frequently sufficiently marked to justify the very considerable time it took. With some students it was advisable to limit the number of cases analyzed and the time spent on any given case. In other words, this procedure necessarily had to be adapted to the needs of the particular student. It was generally recognized as unfortunate that the pressure of clinic work frequently made it impossible to plan for an intensive analysis of cases even when it was apparent that the student was ready to profit by this kind of experience.

The feeling of achievement and satisfaction which it gave the student to obtain the material of her first social examination and to present it for discussion at the group conference, has been mentioned previously. The supervisor, aware of the

value of this experience, was responsible for seeing that the student received an assignment of her own first new case as early in the training period as possible without destructive effect to the case or to her own sense of adequacy. The very real contribution to the understanding of the total case situation ordinarily made by the material obtained in even a rather meager social examination was sufficiently apparent as a rule to stimulate the student's confidence in her professional adequacy and in her ability to meet the clients' needs in treatment. With increased security, the student often felt less need to dominate the situations with her clients. This relaxation of her attitude became productive of better rapport and consequently led to freer expression by the client of his needs as he saw them—the essential groundwork of a sound therapeutic relationship.

While work on her own first new case had value for every student, it was perhaps especially important for those who, early in their training period, were most fearful of becoming dependent on their supervisors and were consequently resistive in their attitude toward training. The gain in the sense of professional adequacy achieved through gathering the material of the social examination and contributing to the understanding of the problems by the group at the initial group conference, was often an important factor in releasing them from the need to be hypercritical of the Institute personnel. The latter no longer seemed threatening to their security as student workers after the freedom of give-and-take discussion had given them a feeling of equality and collaboration with the group. In anticipation of the possibility of such a reaction, a supervisor might assign a new case to such students earlier than to others, and follow up the initial assignment with another new case more quickly than was ordinarily done.

Of equal importance at this point in training was the emphasis in group conferences on the need for a tentative interpretation of findings and on the experimental nature of the approach to treatment, which constantly needed to be reformulated and readapted to meet the emerging and changing needs of the case situation. Gradually the student was led to realize that because of the nature of the work there could be no general rules of procedure which she ought to know; rather, she found, in working out each situation on an individual basis, that she increasingly had something of real value to contribute. Her earlier need for specific treatment formulations and her wish to achieve quick, concrete results ordinarily then became less dominant.

The supervisor, interested in following all leads to facilitate her student's adjustment to the training situation, adapted her own participation in the conferences, being either more active or more passive as the needs of the situation indicated. Often she found that it helped the student who resented "authority" to relate herself to the demands for readaptation in the unfamiliar setting, if she herself remained passive while the student assumed full social service responsibility for the case in discussion with the group.

The early resistance shown by some students to the concept of the purposiveness of human behavior and the approach to treatment evolved on this basis, was often considerably minimized if the supervisors frankly admitted that this was the natural response of most thinking people to theory which had not been tested out in their experience. Discussion along these lines helped to relieve the students of the feeling that they were under pressure to come to decisions about such theories and gave them opportunity to try them out over a considerable period in application to their cases.

In general it may be said that the methods of the super-

visors in meeting the more common student difficulties in integrating theory and practice were indirect. Group conferences and the discussion of case material were used to help the student test out the theory she had become familiar with at the Institute, from her courses at the school, from her reading, and so on, and to relate it to concrete experience in such a way as to broaden and integrate her viewpoint. The security which the student needed in order to grow in the understanding of her clients and in the acceptance of her own limitations was developed in this way, the supervisor either permitting dependency for a time, or acceding to the student's need to be independent as this was indicated.

More direct methods were sometimes necessary in the case of students who were still carrying over into the present situation earlier emotional needs for authority and punishment and who were unable to profit by indirect attempts to develop their powers of autocriticism and any substantial case work techniques. Sometimes the supervisor would initiate discussion of errors in the student's handling of the relationship with the client, putting less emphasis than usual on having her make the evaluations for herself. In thus laying bare the student's inadequacies, the supervisor necessarily assumed an authoritative role. This was done to relieve the sense of guilt experienced by students who felt they ought to assume independence and responsibility for their own actions but who were not emotionally ready to do so. It was obviously essential that the supervisor should be objective in discussing the situation in order that the student should not feel that she was being rejected because of her inadequacy. By showing a desire to understand the student's reasons for failure and to help her work out a better approach to the case problems, the supervisor was able to lead her to utilize her mistakes in gaining the increased insight essential to professional growth.

Often it was also found helpful to go over their statistical records with such students, definitely pointing out inadequacies in numbers of cases carried, contacts made, and so on, before attempting to help them budget their time with more economy.

Inexperienced and experienced workers. The question is frequently raised, in training centers and in committees on student training, as to the differentiation in approach required to meet the needs of inexperienced workers and those coming to the training situation with a background of experience in other social work fields. In the discussion of the relationship of student to supervisor, an attempt was made to cover the fundamental varieties of emotional imbalance in the timidity-authority range, which might be found at the root of student attitudes and responses and which were symptomatic of blocking in progress and growth. There was little emphasis in this discussion on discrimination between experience or lack of experience as factors which contributed to the intensification of these problems for the students, and it may be said that this is an area in which it is impossible to make any generalizations.[4] Practically every degree of resistance to the concept of authority or dependence upon it may be found in students, both experienced and inexperienced. It is primarily in relation to this concept rather than in consideration of her technical equipment for case work that the supervisor must do her thinking and planning to meet the individual student's needs in the training situation.

It is, however, important that the supervisor should always keep in mind what the experience of the student has been, since the way in which the student has reacted to this

4 See chapter vi for analysis of work of students of different age and experience groups.

may be very revealing of factors which contributed to the present situation.

Ordinarily, perhaps, one would expect that the student who begins her training with little or no experience in case work would tend to be very dependent on the supervisor and to require a great deal of direct instruction not only in all the routine functions of the clinic but even in elementary case work procedures. In such instances it would seem necessary to recognize that the student might not even be in a position to know what to ask for, and that if she were left to her own initiative she might flounder helplessly, wasting much of her own valuable time and perhaps seriously impairing her sense of adequacy. In reality, however, there were individuals among such inexperienced students who had a very real emotional need to function independently and to gain a sense of achievement through putting their theoretical concepts into practice, and who rejected the efforts of the supervisor to help them adapt and humanize this knowledge in terms of the specific problems with which they were dealing.

One exceptionally keen young student, for example, whose college experience was only a few months in the background when she entered the Institute, apparently had gained great satisfaction in academic achievement and at the start of the training situation professed great familiarity with psychiatric concepts. She was unable at this point to admit ignorance either of theoretical implications or even of concrete points about which she could have been expected to know little. She was very defensive about taking suggestions and following leads from the supervisor, tending to put a stop to discussion by insisting on her clear understanding of the situation, and maintaining that previous thought had brought her to the same conclusions as those the supervisor was leading up to.

She evidenced considerable need to initiate all plans and ideas for treatment, although the essential insecurity and dependence underlying her rejection of opportunities for consultation were naïvely manifested in her wish to get the supervisor's approval before putting such plans into practice. In this situation the supervisor was aware that progress in training was dependent on her ability to give the student all the satisfactions to be obtained from working independently and from capitalizing her intellectual facility through the preparation of material for conferences.

Another way of meeting the problem was to encourage the student to consult other individuals on the staff, while the supervisor held herself in readiness to follow up any opportunities the student offered for discussion of situations in her case work about which she revealed uncertainty and need for reinforcement. The student's early attempts to convince her clients on an intellectual level of the value of certain changes in attitude met with the usual lack of response or open resistance, which proved somewhat threatening to her. Her gradual acceptance of the value of consulting with the supervisor, however, did not develop at any point into an unhealthily dependent situation, since the supervisor had been careful to build up the student's sense of adequacy and achievement from the start. The problems in her case work were always discussed in terms of something which could be worked out cooperatively with the supervisor, whose understanding, it was pointed out, was dependent on the student's contribution of first-hand information and on her identification in feeling with the client. This led to a gradual diminution of the student's fear that she would be put in the position of being "taught" by the supervisor. As her defensiveness toward the "authority" with which she had formerly invested the supervisor lessened, she showed less need to be

superior or dominant in her contacts with her clients and to impress them with her wisdom and experience. She increasingly developed more warmth and a less intellectualized attitude in relation to them. In the supervisory conference, instead of seeking to present a definite plan of what she was to do, she began to question how she could create an atmosphere that would make it possible for the clients to bring out what *they* were concerned about.

In working with this student as with any beginning student, the supervisor's general objectives (as for example giving an "all-round" case experience so far as this was administratively possible) were not lost sight of, but the attempt was made consistently to relate these objectives to the individual needs of the student in such a way that she could assimilate and make use of them.

Many examples could be quoted of students, inexperienced in case work, who showed much the same need to assert their independence and opposition to individuals who they felt were in positions of authority. There were as many, perhaps more, instances in this group as well as in the group of more experienced students, who showed a tendency to become very dependent on the supervisor at the beginning of the training period. Perhaps unconsciously, many supervisors have a tendency to consider this type of response natural for the student who is not only inexperienced in case work but also very young. In such a student they may recognize dependent attitudes earlier and handle them more successfully than when the student is older and more experienced. To what extent this may have been a factor in training at the Institute it is impossible to say because reports were as a rule not sufficiently detailed in respect to supervisory processes.

Certain reports more full than others, however, give evidence of how problems of dependency were approached by

the supervisor, as in the following example of a student who was about thirty at the time of entering. This student had had a mixed background of professional experience, partly in the case work field and partly in teaching, before coming to the Institute. She brought to her training experience the very real assets of a keen interest in people, sensitivity, and an alert, inquiring mind, qualities which it was felt should enable her to develop more than average ability in the practice of psychiatric case work. Although she had a certain quality of independence on the intellectual level, the student showed a marked insecurity in her adjustment to the unfamiliarities of the case work approach in this clinic set-up and an emotional need to lean upon someone whom she could consider secure and experienced. Since the student had had considerable satisfaction in her earlier case work situation, she was assigned, at the start of her training, cases similar to those with which she had formerly worked, and was encouraged by the supervisor to talk out with her the problems and implications for treatment as she saw them in as much detail as she wished. Because of the student's readiness and eagerness to get all the counsel she could, it was possible for the supervisor to inject into the discussions a good deal of her own thinking and case work philosophy in simplified terms. In this way she provided patterns for the student to follow at this early stage of her understanding of social psychiatric concepts. The student's wholesome tendency, even at this point, to question the supervisor's thinking and to wish to test it by her own experience before integrating it as part of her philosophy, was thought to be symptomatic of a certain amount of essential security in her emotional adjustment. On this account it was believed that she could be emancipated from her early dependency fairly readily.

The inadvisability of attempting such an emancipation too

abruptly, however, was clearly demonstrated in the second quarter of her training. At this time, the supervisor, aware that the student's dependency was tending to increase and questioning the value of continuing her close methods of supervision, attempted to encourage the student to have more reliance on her own evaluations of case situations and on her ability to meet the needs of her clients in the treatment relationship. The student reacted to this at first with some hostility to the supervisor, showing reluctance to do her own thinking and turning to the psychiatrist with requests for assistance in terms of concrete suggestions as to what she should say or do. At this point, the supervisor, relying on her conviction of the fundamentally sound nature of the relationship that had earlier been built up between her and the student and of the satisfaction and growth within certain recognized limits that the latter had shown in it, approached the student rather directly and asked her if she had tried to interpret the causes of her present reactions. The student showed no resistance to attempting this and discussed freely the emotional implications of the situation into which, she discovered, she had considerable insight. She was encouraged to use the supervisory conferences for more thoughtful, planned discussions in which she might assume an increasing amount of responsibility for enriching the understanding of her cases. She was also urged to make more productive her opportunities for getting the benefit of group thinking on her cases. From this time on, her progress in personal growth and understanding and in her ability to handle successfully her relations with her clients was on the whole much more consistent and commensurate with her superior personality equipment.

To the experienced supervisor these examples will serve to recall many other varied and interesting student responses to the training experience. The few detailed illustrations given

in this report were not selected because they were outstanding in any way, but rather because they represented significant and fairly usual reactions. In future studies of training, this whole subject may well be considered worthy of greater elaboration.

One and two quarter students. In attempting to integrate successfully the experiences of the students from the New York School who were at the Institute for only one or two quarters of training, it was important to keep in mind the kind of adaptations they would be called upon to make later in other fields. Few if any of them, presumably, would go into positions in a psychiatric clinic. For the most part, then, the supervisors and staff at the Institute tried to help the short-term students to achieve a better understanding of some of the basic concepts of social psychiatry, not so much to guide them in dealing with problems of emotional unadjustment on an intensive basis as to give them a background for evaluating such problems. Such equipment, it was hoped, would help to make them more discriminating in their future jobs in selecting cases to be referred to a psychiatric clinic, or those for whom other types of available community service could be successfully utilized. In other words, this clarification of understanding often helped the student to achieve insight into what it was better "not to do," as much as it helped her to handle emotional difficulties on a deeper level.

It was important, too, that these students should grow in their ability to integrate theory with practice, so as to be able to interpret to co-workers or others in schools, communities, etc., some of the concepts underlying social psychiatry. Although this ability to serve as interpreter to the community was an essential part of any student's equipment, it is especially emphasized in relation to the one and two quarter students, because being difficult to attain in such a short period

of training, it represented for the supervisors one of the objectives which particularly tested their skill. Keen discrimination was required to select and coordinate the individual's experiences so as to offset as far as possible the difficulties arising in a situation where the slower and more normal development of growth processes, possible in a longer training period, had to be telescoped.

Specific and concrete methods often utilized for enriching the experience of these short-term students were the following: the assignment of several new cases on which examinations in all four fields were yet to be made, as early in the students' experience as possible; the assignment of a number of old cases nearly ready for closing; and the assignment of closed cases on which follow-up visits were due.

The values of the new case have been so frequently discussed in the preceding pages that further elaboration does not seem indicated here. Old cases about ready for closing and follow-up on closed cases offered an opportunity for study and evaluation of treatment relationships over long periods of time without the necessity for intensive treatment at the moment; yet the material thus utilized had a certain dynamic quality because of the fact that the students had actual contacts which served to vitalize the situations and to keep them from seeming academic and theoretical. A sufficient number of such cases was not always available for assignment, and moreover the needs of the agency sometimes made it necessary to give short-term students old cases to be carried on an intensive treatment basis, in spite of the disadvantage of establishing contacts with a new worker when only a brief relationship could be maintained.

An attempt was made to utilize as many consultation cases as possible for the short-term students, and work on their own assigned cases was supplemented by the reading of those

of other students. Cases for reading were selected from those which presented health or financial problems, outstanding difficulties in school adjustment, and so on, according as the student's major interests were in medical social service, family case work, or visiting teaching. In the supervisor's discussions, it was often possible to clarify for the students the essential similarity in the approach of any case worker to these problems, as well as the occasional somewhat different emphases in a psychiatric clinic, brought about through the different "point of entry"[5] into the situation. Such discussion was often especially productive when it could be arranged to have the students first attend group conferences on the cases, thus making the material of more current and vital interest.

Attendance at group conferences on cases other than their own was encouraged for the short-term students more than for others, in order to familiarize them with the group method of interpreting and planning treatment on as wide a spread of case situations as possible. The importance of reading cases in advance of the conference was consistently stressed.

Methods Used in the Qualitative Evaluation of Student Work

In addition to the monthly statistical reports, summarized quarterly, which the supervisor kept for each student and which gave figures for volume of student work (see Chapter VI), narrative reports were also made containing a qualitative as well as a quantitative measure of work. Such reports were needed to clarify the staff thinking, as well as to furnish the schools with information on their students. Because of the

5 For amplification of the theory of case work specialization on the basis of point of entry into the case, see Changing Goals of Psychiatric Social Work, by Christine C. Robb, *The News-Letter of the American Association of Psychiatric Social Workers*, I: 1–6 (July, 1931).

plan of the New York School to divide the year into quarters, it was logical that they should wish to have some orientation on the students at the completion of each of these periods. The Smith College School, which made no such division of time, at first requested a very brief monthly report, but after 1930 was interested in receiving a fuller quarterly report, similar in general content, if not in detail, to that sent the New York School.

Some supervisors, when first faced with the necessity to include interpretation as well as factual data on volume of work, were distrustful of their ability to keep reports completely objective and free from some element of identification or rejection. The proceeding became more acceptable, however, when the tentative nature of the reports was understood and it was made clear that only what the student seemed capable of doing at any given point should be recorded, and not generalizations as to her qualifications. Even though it was essential to keep such reports tentative, it was recognized that in all fairness to the students, they should represent the greatest possible degree of clear thinking on the part of the supervisors. Obviously the careful process of evaluating the student's strength and weaknesses assisted the supervisor in steering the student through the training experience in such a way as to give her the maximum benefit from it. The supervisors became increasingly interested in refining their techniques for analyzing student reactions to the training situation and in writing the narrative reports, so that these might become a valuable contribution to the building up of a successful supervisory relationship.

One of the supervisors, in experimenting with reporting as an aid to supervision, devised a chart which she kept weekly, checking off on it an estimate of the student's progress in the utilization of her abilities, roughly grading these for conven-

	1st Q			2nd Q			3rd Q		
	A	B	C	A	B	C	A	B	C
1. Intellectual capacity									
2. Maturity of thought									
3. Judgment and discrimination									
4. Awareness									
5. Emotional acceptance of supervision									
of subject matter									
6. Social approach: timidity-authority range									
7. Sensitivity									
8. Subjectivity-objectivity									
9. Stability									
10. Sustained effort (1) (2) spasmodic or consistent pace									
11. Ability to gain rapport									
12. Ability to maintain rapport									
13. Physical condition									
14. Leadership									
15. Organization sense									
16. Planfulness									
17. Responsibility									
18. Grasp and use of psychiatric concepts									
of psychological concepts									
of medical concepts									
19. Appreciation and utilization of social resources									
20. Interview technique									
21. Record writing									
22. Tempo									
23. Volume of work: Cases									
Contacts									
Hours reading									
Hours analysing and recording									
Hours interviewing									
Hours transportation									
24. Level (1) (2) superficial or intensive									
Total impression									

SUPERVISOR-STUDENT CHART USED TO EVALUATE QUALITY OF STUDENT WORK

ience as above average, A, average, B, or below average, C. The points checked corresponded with the main headings on the outline of the reports sent to the New York School, and were reasonably representative of the essential factors to be considered in an evaluation of the student's work. The objective here, as indicated above, was to become better equipped to judge when the student should be given more responsibility and freedom, when she needed more help and less pressure of responsibility, etc. The average for any student was roughly gauged by balancing the checks in the above and below average columns, unless the average predominated. Not all points checked were considered to have equal value and this was taken into account in calculating averages. For example, in the first or even second quarter, those ratings indicating assets or liabilities in personality equipment for case work were considered more important than those indicating success or failure in utilization of social psychiatric concepts. It was, however, of the utmost importance, even in the early part of training, for the supervisor to keep constantly informed as to the use the student was making of her abilities in order to gauge her adjustment in the training situation, and the clarification of this relation afforded by the chart was its principal value. The chart was found to be such a useful source of immediate orientation to the student's needs, that it was later adopted by several others in the supervisory group. It was used in the evaluation of the students of the Special Study Groups,[6] the results being employed in making comparisons of students' work on a qualitative basis.

One could not expect complete uniformity and unanimity on the part of the supervisors in the application of these measures. Partly on this account, but principally because it is obviously impossible to tabulate and classify the behavior and

6 See chapter vi.

abilities of human beings except in very relative terms, the evaluations by the Institute staff were never considered to have more importance or validity than the rough approximations at which we arrive in measuring other individuals with whom we come in contact. We are constantly being measured with a yardstick of some sort; and in turn we are making our own deductions as to the abilities and achievements of others. If, in their attempts to measure the students, the staff felt a special responsibility to be as objective and as understanding as possible, they were nevertheless well aware of how tentative, at best, and how very relative their conclusions must be. The scepticism felt by many in using the chart was undoubtedly a healthy factor, since it prevented any tendency to accept the values emerging as other than suggestive. The evaluations represented in general the opinion of two people, since for the most part they were made out in collaboration by the supervisor and by the educational supervisor.

In order that the terms used in the chart should be uniformly understood and interpreted, they were brought up for discussion at a conference of supervisors. The definitions arrived at on this occasion were compiled and amplified by Miss Charlotte Towle, the originator of the chart, and are given below.

Terms Used in the Supervisor-Student Chart

1. *Intellectual capacity.* Ability to grasp theoretical concepts; ability to think logically in terms of cause-and-effect relationships; ability to analyze case material not only in terms of cause and effect, but also with a differentiation between basic and superficial factors; ability to see the parts in relation to the whole without losing sight of the whole in relation to the parts. In a training situation it can be assumed that every student has good intellectual capacity, or she

would not have qualified for training. We are concerned, then, with some rough evaluation of the finer gradations in the intellectual capacity of intelligent individuals, in so far as they react to the thinking involved in social psychiatry. When we speak of a student as having above average, average, or below average intellectual capacity, we are not using these terms with their generally accepted values in psychological testing; instead, we are using them with reference only to the thinking of a selected group in a particular field.

2. *Maturity of thought.* This is a somewhat controversial point. Perhaps it is safe to assume that mental immaturity does not preclude good intellectual capacity; that is, there is not necessarily a correlation between maturity of thinking and intellectual capacity. While immaturity is usually emotionally determined, there are not in all instances concurrent acute emotional issues noted in the individual's adaptation. For clarification, the following examples are given.

Student Number One had an adequate grasp of theoretical concepts in this field. She was mentally alert; in fact, had made good grades in college and had considerable academic drive. Her thinking was childish, however; that is, her philosophy of life as revealed in case discussions showed complete acceptance of traditional concepts and platitudes, with no tendency to analyze or criticize existing social customs or traditional points of view, especially concerning family relationships. Immature thinking would probably be characterized by adherence to platitudes, prejudices, acceptance of dogma, and a tendency to premature generalizations. Sometimes this inability to think independently might be due to limited intelligence. In this instance, however, it seemed to have originated in emotional dependence on parents with whom she was completely satisfied because her relationship

with them had been more pleasurable than unpleasurable. This student, when exposed to concepts of the cause-and-effect relationships underlying human behavior was essentially untouched. She seemed to grasp the new concepts theoretically, but did not incorporate them into her thinking or show any tendency to think more independently. While her level of thinking had been emotionally determined, still she brought to the training situation a mental immaturity which might be more clearly understood apart from the factor of emotional immaturity, for not all emotionally immature individuals present the problem of mental immaturity. For example:

Student Number Two was emotionally immature though intellectually mature; that is, she showed a capacity to think independently, to challenge platitudes, prejudices, and dogma, and to be very tentative and discriminating in her generalizations. From the intellectual standpoint she was sufficiently divorced from the concepts handed down to her by her parents and society to be able to evaluate objectively certain philosophies which she could accept, and certain others which she could not accept. When it came, however, to the application and utilization of her freedom in thinking, she was emotionally too tied to her parents to achieve much independence of action. This student was emotionally immature, in spite of considerable mental maturity. In the training situation she presented the problem of acute emotional conflict, for she was constantly frustrated in her attempt to realize emotionally what she could conceive intellectually.

3. *Judgment and discrimination.* Judgment is defined as "the operation of the mind, involving comparison and discrimination, by which knowledge of the values and relations of things is mentally asserted or formulated. It implies wise

and discriminating perception or discernment" (Webster). It is recognized that a student's capacity for judgment and discrimination may be affected by emotional involvement.

4. *Awareness.* This term should be confined in usage to mental implications, as Item 7 covers sensibility or emotional awareness. It includes consciousness of self, as well as awareness of that which is perceived as outside the self. It therefore includes the quality of autocriticism, seeing oneself and being conscious of what one is doing in a situation. It implies being mentally awake or conscious of the reactions of others.

5. *Emotional acceptance of supervision.* This implies that a student reveals little or no resistance to the supervisor as an individual or to the guidance or counsel which she offers.

Emotional acceptance of subject matter. This indicates the absence of resistance to the concepts, viewpoints, and evaluation of human behavior in the particular training situation.

6. *Social approach.* Qualities of timidity or authority as evidenced in the student's handling of people. The term may also imply in this connection some evaluation of her use of the direct and indirect approaches, as growing out of a tendency to be timid or over-authoritative. The discussion on pages 216–227 of *Mental Hygiene and Social Work*[7] describes the usage of these terms by the Institute staff.

7. *Sensitivity.* Delicacy and susceptibility of feeling. This term implies the capacity to identify with other individuals in experiencing their feeling tones, or in conveying or occasioning an emotional response in them. It is used in referring to the handling of case work situations rather than the personal or subjective sensitivity of the worker in the sense of

7 By Porter R. Lee and Marion E. Kenworthy, M.D. (New York: The Commonwealth Fund, 2d ed., 1931).

being easily affected, quick to take offense, etc., qualities which are included under Item 8, *Subjectivity-objectivity*, in these evaluations. It is interesting to note the degree of correlation between mental awareness and sensitivity. It is noted that students frequently have an acute sensibility about when to do or not do something with, however, little mental consciousness as to why, and with little awareness that they have actually been discriminating.

8. *Subjectivity-objectivity.* In case work, by objectivity is meant the capacity to deal with a situation or with another person without allowing judgment to become distorted by emotions. Subjectivity implies the opposite; i.e., the tendency to become emotionally involved in dealing with a situation or person so that the judgment may seem impaired. For a full discussion, see *Mental Hygiene and Social Work*, pages 235–240. It is of interest to note the degree of correlation between this capacity and Item 5, *Emotional acceptance of supervision and of subject matter;* also between it and Items 1, 2, and 3—*Intellectual capacity, Maturity of thought,* and *Judgment and discrimination.*

9. *Stability.* This pertains to the student's personality adjustment. It involves steadiness of purpose, constancy, adaptability; that is, a capacity for withstanding emotional upsets. A student's capacity to carry on at an even pace, without undergoing tension or periods marked by emotional strain, is considered an indication of stability. Stability does not preclude questioning and challenging of theoretical concepts. It may not imply necessarily complete acceptance of subject matter or supervision, though it is interesting to observe the degree of correlation between stability and these factors. It is of interest also to observe the relation between stability and *Subjectivity-objectivity;* in fact the relation of stability to

practically any or all of the remaining factors may be revealing.

10. *Sustained effort.* Is a student spasmodic or consistent in the application of her efforts? Does she work by fits and starts or at an even, consistent pace? This item is of particular interest in regard to *Stability* and *Subjectivity-objectivity.* It is also of interest in relation to *Tempo* (Item 22). It is recognized that there may not be a correlation between this factor and *Tempo*—for a slow person may work at a consistent pace, or she may be very spasmodic in her effort. Likewise, a very rapid worker may be either consistent or spasmodic.

11. *Ability to gain rapport.*

12. *Ability to maintain rapport.* The meaning of these terms is self-evident. The correlation between the two is of particular interest. Frequently it is noted that those individuals who gain rapport very readily do not have the capacity to sustain it. The degree of correlation between these points and Items 8, 9, 18, and 20—*Subjectivity-objectivity, Stability, Grasp and use of psychiatric concepts,* and *Interview technique*—is of interest.

13. *Physical condition.* This should be taken into account when the student's physical condition seems to have a definite bearing on her training reactions. Protracted absences due to illness inevitably affect productivity and may affect stability and other reaction phases. Chronic illness or "not feeling up to par," even though it has not involved absence, should be noted.

14. *Leadership.* In a real capacity for leadership, as the term is used here, executive qualities formerly stressed are now minimized. The student's capacity to utilize the indirect

approach in stimulating self-activity in others as well as capacity to make a permanent contribution in engendering resourcefulness and independence are now stressed as essential elements in leadership. The student who secures and maintains strong rapport so that her patients follow her unquestioningly is not showing a real capacity for leadership, if the relationship has been so satisfying that it is not readily shifted to others on her departure, or if the patients do not gradually gain some capacity to function apart from her. Leadership is often difficult to gauge because the real quality of it is sometimes not demonstrated until a student's departure. There may be indications of this, however, as for example: one student, who had overemphasized the relationship on a personal basis, remarked that no one would be able to take over her cases. A check in the capacity for leadership may seem to be offered in evaluations of *Awareness*, *Sensitivity*, *Stability*, *Subjectivity-objectivity*, and *Grasp and use of psychiatric concepts*. For a fuller discussion of leadership see *Mental Hygiene and Social Work*, pages 243–245.

15. *Organization sense.* By this is meant both an awareness of the implications for the individual of working within an organization, and a disposition to conform to the requirements of organized activity. The term implies adherence to policies and regulations of the organization, willingness to work through other channels, and an ability and willingness to enter into the team work of the organization. It includes also the readiness with which a student conforms to routine matters, such as cooperating in statistical reporting, recording, and other so-called "red tape" details.

16. *Planfulness.* This term is not to be confused with *Organization sense.* It applies to planfulness in case work; that is, how resourceful the student is in making plans and in

adapting plans to meet emergencies or shifts in treatment emphasis. What Lee and Kenworthy term "range"[8] would be included in our understanding of planfulness.

17. *Responsibility.* The degree to which the student shows a capacity to assume responsibility for her case work, her office work, her planning, and working with others in all aspects of the job.

18. *Grasp and use of psychiatric concepts.* The grasp of psychiatric concepts and ability to utilize those concepts in practice implies an interplay of Items 1, 2, 3, and 4 with Items 5, 7, 8, 9, 11, and 12, that is, an interplay between the intellectual and emotional equipment of the individual. Under Item 2, *Maturity of thought,* two student cases were cited. Student Number One could be said to have had a limited grasp of and a limited ability to utilize psychiatric concepts. Student Number Two had an unusually good grasp of psychiatric concepts but very limited capacity for utilizing them. An *effective* worker would maintain a nice balance between a good grasp of psychiatric concepts and a growing capacity to utilize them. It may be said that having gained a good grasp of these concepts a student should show a gradual growth in the utilization of them and probably will, unless there is some emotional involvement. In considering grasp and use of psychological and medical concepts the same thinking would apply. An effective worker does not tend to overweight any of these fields in a given case situation but shows an appreciation of all three, both in grasp of concepts and in utilization of the same. Examples of significant reactions showing some imbalance follow. A student may bring to the training situation the preconceived idea that behavior problems are primarily related to mental deficiency. Given a

8 *Op. cit.*

mentally retarded case, she may tend to overlook the psychiatric factors both in her evaluation and in treatment. Many students are so engrossed in the psychiatric implications that they overlook the physical factors in study, evaluation, and treatment. A student may have a particular interest in physical health as it affects mental health. One may find such a student overstressing the physical factors, particularly in treatment.

19. *Appreciation and utilization of social resources.* By this is meant a student's appreciation of the contribution which outside resources can make to the study, evaluation, and treatment of her cases, and her ability to use these resources. It includes her capacity to make good contacts with the workers of other organizations so as to gain their interest and cooperation in working with her, in accordance with the needs of a case. The potentiality for developing community wisdom and the ability to relate one specialized field of social work to others are important factors in this qualification.

20. *Interview technique.* This capacity is very difficult to evaluate. It can only be indirectly gauged from the student's written reports of her interviews and her verbal accounts of them, together with the amount and type of information secured, against which one can check the subsequent reactions of her patients. The ability to gain and maintain rapport may reflect the interviewing skill in some instances. Some students, however, because of personality make-up, may gain and maintain rapport without any great degree of interviewing skill. For example, one frequently reads an interview in which the student has been very blunt, and theoretically one would feel that her method of approach was very threatening to the client. The subsequent reaction of the client, however, suggests that good rapport with the worker was estab-

lished which offset and negated the threats implied in her recording of the interview. In some such instances the utilization of a direct and rather threatening approach may have been conscious; that is, the student may have been aware of her role and sensitive to the client to such an extent that she was able to evaluate how far she could go in utilizing this approach profitably for the client. In other instances, there may have been no awareness or sensitivity on the part of the worker. The approach may have been haphazard but because of the student's "way with people" no negative reaction occurred. However, this haphazard method usually is not effective in all of a student's cases, though it may get by in some. Therefore, the observation of the student's accounts of interviews as they develop, checked against the reactions of her patients in a number of cases, should give some estimate of her facility in interviewing. What constitutes skill in interviewing is not defined, and it is believed that there is no generally applicable formula. If a student secures material essential to diagnosis, prognosis, and treatment *without* endangering the relationship of the client to her or to the clinic, she can be credited with possessing skill, whether or not her facility is based predominantly on a conscious technique, is the result of a sensitive handling of her relationship with a minimum of conscious control, or combines both emphases.

21. *Record writing.* The training goal in record writing is for the student to develop the ability to write clearly, concisely, and comprehensively, with discrimination as to when and where not to elaborate. Records can be used as one of the illuminating sources of information with regard to the student's qualities and capacities in general. They should throw light on the major points covered so far, but particularly on such factors as: *Intellectual capacity, Maturity of*

thought, Judgment and discrimination, Awareness, Emotional acceptance of supervision and subject matter, Subjectivity-objectivity, Leadership, Planfulness, Grasp and use of psychiatric concepts, and *Interview technique.* Through her records the supervisor gets to know the student and her work. The articulate student, therefore, is at a great advantage. When a student is inarticulate or when she is confused and disorganized in her writing, one is immediately led to consider what is contributing to this problem. Observation of the degree of correlation between this capacity and others may be of particular interest. The development of a viewpoint and conviction with regard to the purposes of detailed recording and the possibility of adapting this to work in future jobs is often a prerequisite to satisfactory record writing.

22. *Tempo.* This is the term used to describe the pace at which a student works. It may or may not correlate with *Sustained effort.* Lee and Kenworthy[9] discuss tempo in relation to temperament. It is interesting to note its correlation with other capacities and qualities; for example, when a student is going through a period of rejection of subject matter or supervision, is her tempo slow? Is it accelerated with the clearing of these problems? Does it correlate with *Stability,* with *Subjectivity-objectivity* in like manner? The relation between tempo and the extent to which a student's work is superficial or intensive is also of interest.

23. *Volume of work.* While provision is made for checking this in terms of size of case load carried, numbers of contacts made, and hours spent in reading, analyzing, and recording, as well as in interviewing and transportation, it is recognized that considerable uniformity of opinion, now often lacking among supervisors, as to what constitutes a

9 *Op. cit.*

normal balance between quantitative and qualitative output is needed before this item can be legitimately included in the evaluation of a student's ability to profit by the training situation. Unless outstanding difficulties are shown by a student in handling volume of work, this item may be omitted.

24. *Level of case work carried; superficial, intensive.* The term level applies to the quality of case work and not to the type of service. Intensive indicates an average or above average ability to do sensitively discriminating case work; superficial indicates a below average ability. Ordinarily there is a direct correlation between this item and all the others, with the exception of Item 23, since the focus of evaluation throughout is on the progressive utilization the student makes of her intellectual and emotional equipment in relation to case work. The chart is an index of the quality of work the student is achieving, as well as a guide to the supervisor as to specific areas where her strength and weakness lie at different points in training.

VI

VOLUME AND QUALITY OF STUDENT WORK

IN surveying the richly suggestive material accumulated during the years of the operation of the Institute, in the form of statistical and narrative reports on the work of the students, it was thought that an analysis of the volume and quality of student work might prove revealing, especially to those concerned with supervision and with the selection of student candidates. Specifically, the points with which this analysis is concerned are: (1) volume of work, for which the index utilized here is case load and case contacts,[1] and relation of volume of work to the student's experience and age; (2) quality of work, for which the index utilized is the supervisor's evaluation of the student's progress in the training situation,[2] and relation of quality of work to the experience and age of the student; (3) relation of volume of work to quality of work; (4) comparison of the work of the students from the Smith College School with that of students from the New York School. Interest in the last point developed from the necessity of studying the reports of students from each school separately, in evaluating their work, since differences in length of student training under the plans of the two schools made analysis of the volume of work of the student body as a whole impossible.

The question which is often raised as to the advantages

1 Figures on volume of work were taken from the statistical reports on individual students referred to in chapter v, page 98.

2 These evaluations were taken from the individual student records on the supervisor-student chart described in chapter v, pages 99–113.

and disadvantages implicit in the field work systems of the two schools is on the whole a speculative and theoretical one. We have little real evidence that a student finds it more profitable to approximate a job situation while in training, as she does under the Smith School plan, without prolonged interruptions of classes and class preparation and the consequent emotional shift; or that by dividing her time between classes and field work, the New York School student gains greater stimulus and resulting acceleration in growth from the very fact that theory and practice are concurrent and not successive experiences, thus providing a ready means of testing each in relation to the other at every step in case work practice. It is probable that this somewhat intangible issue did somewhere enter in to influence the psychology of the two groups. It may be of interest to see how it affected volume and direction of activity as shown in the comparisons of the work of the students of the two schools.

Individuals responsible for training often tend consciously or unconsciously to identify themselves with the students of one level of age and experience or another, and on that basis to develop a point of view that students fitting into this group are the best equipped to profit by training. Others may accept the concept that a student's age or experience is of importance only in so far as she has utilized these factors to reinforce the healthy or unhealthy trends in her emotional patterns, but may question whether these factors usually operate to facilitate or to retard the adjustment to training. For example, the values of greater flexibility and enthusiasm usually associated with youth, on the one hand, and of the mastery of a bulk of knowledge and technical processes fundamental to case work ordinarily associated with the somewhat older and more experienced worker, on the other, are often discussed as if they had an intrinsic importance, aside from

other considerations. Because of this, it was thought of interest to get an actual picture in an agency during a period of several years of the volume of work carried by students of different ages and backgrounds of experience.

The relation of quantity of output to quality of work is a point which one still finds questioned by supervisors, administrators, and others. Probably there would be general agreement that except in a very special type of agency in which, for example, intensive service is given on a few cases for research purposes, pressure of work makes it imperative that a worker, even a student, approximate at least a certain tentative norm in size of case load and number of cases carried in intensive treatment. It may then be of interest to see how averages of volume of activity taken from the statistical reports in the years 1928–1932 compare among students distributed according to the supervisors' estimate of their ability to do skilful case work.

Basis of Selection of the Special Study Group

In attempting to make any sort of evaluation of the work of the students, it was necessary to make a selection of those who had some uniformity in length of the training period. The Smith College School students constituted a relatively consistent group for statistical evaluations, since the students annually spent three quarters, or approximately nine months, at the Institute and gave about four and a half days a week to field work.[3] The New York School group, however, presented many complexities, because of the plan of training at this school which resulted in students entering the Institute at the beginning of any one of the four quarters, and remain-

3 Although the Smith College School students were commonly rated as full time (working five and a half days a week) the actual amount of time available for field work, after deductions had been made for other required activities, was equivalent to about four and a half days a week. See chapter ii, page 28.

ing, according to the further flexible provisions of this plan, for periods varying from one to four quarters, during which they worked from two to five and a half days a week.[4] Moreover, the Smith College School students entered the Institute in September instead of October (the beginning of the New York School fall quarter), giving the former group the advantage of approximately one additional month of training, in a three quarter period.

It will be recalled that the two largest groups of New York School students who had been at the Institute for comparable lengths of time were the one quarter students, who came on a three day a week schedule, and the three quarter students, who also had three days a week of field work throughout the three quarters (see Chapter II, page 28). Because it lent itself better to comparison with the Smith College School students, the group of three quarter students was the one used in the study.

In order to insure further uniformity by obtaining as comparable material as possible, the students in training during 1927–1928, the first year of the Institute's existence, were omitted from the group studied, for the reason that training during the early period was less well formulated and standardized in its general structural aspects than it was afterward. Also, no students were included who were at the Institute during the year 1932–1933, because the general retrenchment in the scope of work, due to administrative plans for closing the agency, made the training situation during that year atypical.

During the four-year period (1928–1932) under consideration, there were 57 students who qualified for the Special

4 After October, 1929, no students were accepted for Institute training on a basis of less than three days a week. But see chapter ii, pages 27 and 28, for the variation in the schedules of the New York School students.

Study Group from the Smith College School,[5] and 33 from the New York School.[6] While it is recognized that deductions based on such small numbers are not statistically significant, it was thought that the quantitative and qualitative aspects of these students' work would be of value as fairly representative of student work at the Institute.

Grouping of Students by Length of Case Work Experience and by Age

Students included in the Special Study Group were divided into three groups, A, B, and C, according to the length of their case work experience before entering the Institute for Child Guidance. Such experience had been largely in the fields of family work, child placing, medical social work, and visiting teaching under progressive auspices well standardized as to case work practice. Relatively few students had had previous experience in psychiatric case work. Professional experience other than case work was not considered in the tabulation although some students had spent periods varying from a few months to ten or more years in such activities as teaching, nursing, club and community work, psychological testing, statistical work, and visiting teaching on a superficial level, unstandardized as to case work practice.

The distribution of the Special Study Group and the student group as a whole, from each school, according to length of previous case work experience, is shown in Table 3.

Since, except in the case of very young students, there is no necessary correspondence between experience and age, the students were further divided into four groups on the basis

5 Six of the Smith College School students present at the Institute from September, 1928, to June, 1932, were omitted from this study because of lack of reports. In addition, four others were omitted either because they dropped out before the end of the year or because they had long periods of absence on account of illness during the year, and their work was therefore not comparable with that of the full time students.

6 The actual number of students was 24, but for reasons explained in the appendix the number is treated in the statistical analyses as 33.

TABLE 3

DISTRIBUTION OF STUDENTS BY LENGTH OF CASE WORK EXPERIENCE. SPECIAL STUDY GROUPS AND ALL STUDENTS FROM BOTH SCHOOLS

CASE WORK EXPERIENCE	NEW YORK SCHOOL				SMITH COLLEGE SCHOOL			
	Special Study Group		*All Students*		*Special Study Group*		*All Students*	
	NUMBER	PER CENT	NUMBER	PER CENT	NUMBER	PER CENT	NUMBER	PER CENT
A. Less than one year or none	9	27	67	33	28	49	48	57
B. One to three years	5	15	71	35	14	25	19	22
C. Three years or more	19	58	66	32	15	26	18	21
Total group	*33*	*100*	*204*	*100*	*57*	*100*	*85*	*100*

of age. The students twenty-two years old or younger were grouped together because, presumably, they came to the training experience either directly from college or with at least a minimum of experience in professional work, so that the student role at the Institute would follow naturally for them in the sequence of recent and familiar experiences. The second group included the students between the ages of twenty-three and twenty-nine because, on the whole, they might be considered as having worked with varying degrees of success since college without having been faced with the same need to take inventory of their achievement or failure and future prospects as might be expected of older individuals. The third group covered the ages thirty to thirty-five because during this period it might be anticipated that students would be less flexible in making an adjustment to training than the younger students unless they had utilized their previous experience of success or failure to further their growth personally and professionally. Whether they were less able than younger students to identify with a new organization, to accept mental hygiene concepts, and to adjust to the student role, was a possibility that it seemed of interest to consider. The age of the fourth group was set at thirty-six years and over because students at that age may often be considered as doubtful material for acceptance in any training center. This older group would always presumably be composed of individuals who had been working from ten to fifteen or more years, who had established certain pretty definitely formulated techniques and philosophy, and had perhaps gained considerable prestige in their own field and community. For them readjustment to work in a new and specialized field, under supervision, would require a degree of objectivity in exposing themselves to criticism, a readiness to be experimental, and a willingness to be guided without react-

TABLE 4

DISTRIBUTION OF STUDENTS BY AGE. SPECIAL STUDY GROUPS AND ALL STUDENTS FROM BOTH SCHOOLS

AGE	NEW YORK SCHOOL				SMITH COLLEGE SCHOOL			
	Special Study Group		*All Students*		*Special Study Group*		*All Students*	
	NUMBER	PER CENT	NUMBER	PER CENT	NUMBER	PER CENT	NUMBER	PER CENT
22 years and under	2	6	23	11	13	23	25	30
23 to 29 years	20	61	85	42	29	51	39	46
30 to 35 years	9	27	66	32	9	16	14	16
36 years and over	2	6	30	15	6	10	7	8
Total group	*33*	*100*	*204*	*100*	*57*	*100*	*85*	*100*

ing toward supervision either with resentment or overdependence, which at this age would be unusual even in a relatively stable individual.

The distribution of the Special Study Group and the student group as a whole, from each school, according to age classifications, is shown in Table 4.

From Tables 3 and 4 it may be seen that there was a greater predominance of relatively inexperienced students and of younger students from the Smith College School than from the New York School, both for the total group and for the Special Study Group.

It is interesting to note that the bulk of the students from each school fall in the age range between twenty-three and twenty-nine years. However in the Special Study Groups, about one fourth (23 per cent) of the students from the Smith College School were 22 years old or younger, while this age group represented only about one sixteenth (6 per cent) of the New York students. One half of the Smith College School students (49 per cent) in the Special Study Group had had less than one year of case work experience, thus falling into the A experiential group, whereas the students of the New York School Special Study Group were predominantly of the C type of experience, 58 per cent falling under this heading.

The only significant difference between the total groups and the Special Study Groups may be found in the distribution by experience for students from the New York School. The high proportion of most experienced students found in the New York School Special Study Group was not characteristic of the Institute students from that school as a whole, who show a practically even distribution among the three experiential groups.

The correlation between age and experience is shown for

the Special Study Groups in Table 5 (Smith College School) and in Table 6 (New York School). It is of interest that the least experienced group, A, was not composed exclusively of the youngest students but included students of all ages. As

TABLE 5

DISTRIBUTION OF STUDENTS BY LENGTH OF CASE WORK EXPERIENCE AND BY AGE. SMITH COLLEGE SCHOOL SPECIAL STUDY GROUP

EXPERIENCE	*Total group*	AGE			
		22 years and under	*23 to 29 years*	*30 to 35 years*	*36 years and over*
A. Less than one year or none	28	12	14	2	–
B. One to three years	14	1	11	1	1
C. Three years or more	15	–	4	6	5
Total group	*57*	*13*	*29*	*9*	*6*

TABLE 6

DISTRIBUTION OF STUDENTS BY LENGTH OF CASE WORK EXPERIENCE AND BY AGE. NEW YORK SCHOOL SPECIAL STUDY GROUP

EXPERIENCE	*Total group*	AGE			
		22 years and under	*23 to 29 years*	*30 to 35 years*	*36 years and over*
A. Less than one year or none	9	1	5	1	2
B. One to three years	5	1	2	2	–
C. Three years or more	19	–	13	6	–
Total group	*33*	*2*	*20*	*9*	*2*

might be expected, however, by far the greatest proportion of the students in this group were under thirty.

Volume of Work: Use and Significance of the Term

In the following pages volume of work is shown by figures on size of case load, distribution of old and new cases, and amount of work done on them by the students, as far as this can be measured numerically by total case contacts and focus of contacts for intensive treatment. Such figures are utilized as a measure of volume of work, since they are commonly used in making such estimates and because it is practically impossible within the scope of this study to analyze all the activities which occupied student time. (See Tables 1 and 2, Chapter II, pages 37 and 38, for summary of distribution of student time.)

In order to arrive at any clear understanding of the significance of these figures, however, it is essential to consider some of the factors which condition them, exclusive of the individual student's needs and capacities. The average of total cases assigned, and the proportionate distribution of cases old and new, are points of general interest to those responsible for student training. To some extent these figures as presented here reflect the average student's capacity for work in the sense that the attempt was made at the Institute to assign cases as fast as was commensurate with the student's ability to absorb and profit by them. In actual practice, however, it is probable that case assignment was influenced by other factors than the student's capacities, and it would seem unsound, even in the light of wide variation in ability, to accept without qualification the figures on case load as indicative of pace set by the individual.

Some of the conscious and unconscious factors that tended to affect the size of case load may be briefly noted. The

standard set by the most adequate students in successive years undoubtedly tended to influence the supervisor, even though perhaps largely unconsciously, as to the number of cases which she could attempt to handle herself in the expectation of relatively prompt reassignment to her students. Moreover, the supervisor, in taking stock of the cases for which she was responsible, was necessarily to some extent guided in planning increase or decrease of case load by her own capacities and limitations in handling volume of work. For example, her own case load was affected by the general structural policies of the Institute, by which those in training in all fields participated in the team work handling of cases. The number of supervisory conferences involved in work on any case with a student, plus the number of group conferences entailed, also limited the supervisor's total case load, as well as the occasional demands on her for case work in the absence of the student or in periods between reassignment of cases. She naturally could not assign to the students more cases than she could adequately supervise. Other important factors operated to influence the expansion or curtailment of the case load of individual students: the total number of cases accepted by the Institute for treatment; the number of cases closed; and the pace set by the psychiatrists and psychologists in training, by other students in social service, and by the staff members. It would be impossible to gauge with any degree of accuracy the effect of the interaction of all these factors: how far, for example, the acceptance of a saturation point for psychiatric or psychological service influenced social service, and vice versa; how far these considerations influenced intake for the agency, especially in terms of cases accepted for brief consultation service rather than for intensive treatment; and how far efforts to stimulate new applications for treatment or to remain passive in regard to them influenced

the situation. It is probable, however, that through the years of the Institute's experience there was a gradually evolving norm, never consciously recognized or articulated, of the number of cases to which adequate treatment could be given at any time under the conditions of a team work relationship, and that this norm tended to standardize case load directly for the agency and indirectly for the individual at a level that may or may not have been commensurate with the latter's capacity.

In evaluating individual capacities, figures on contacts should be regarded with as much suspicion as those on cases. In a psychiatric clinic such as the Institute, although intensive case work was stressed as important, there is always the need for careful discrimination as to the level of treatment on which a given case should be carried. Consultation cases on which a few treatment contacts may be made prior to closing, and treatment cases in which brief service adequately meets the needs of the situation, are of equal importance with the cases carried in relatively long-time treatment to the clinic, in its double responsibility to client and training program. In the latter cases, whether the major responsibility for therapy is carried by the psychiatrist or the social worker, or whether the responsibility is shared, evaluations of movement in the case may indicate at any point that a shift of treatment responsibility to the other therapist would be advisable because of resistances shown either consciously or unconsciously by the client. To a lesser extent such a shift of treatment responsibility might be necessitated by practical considerations of time available in one field though not in the other, if it was possible at the same time to safeguard the interests of the client. If major responsibility is transferred to the psychiatrist, this tends to reduce the number of contacts by the social worker. The number of contacts may also be re-

duced if responsibility for intensive treatment on the basis of frequent interviews is diminished. This happens when an objective appraisal of case movement indicates that the individuals looked upon as key persons in the situation are nearly ready to assume responsibility for handling their relationships with others, without help from the clinic, and to take over responsibility for others in the family group less ready to become self-determining and independent. Closed cases on which follow-up visits are made represent situations in which as a rule a worker makes only one or two contacts.

From this discussion of contacts it may be seen that on many cases carried by students there will not be an average of one contact a week, and that in such instances as those noted above this is due to discrimination in meeting case situations, and not to incapacity on the part of the worker. In other instances, infrequent contacts on a case may be indicative of the worker's inadequacy in carrying forward treatment. Moreover, sometimes a piling up of contacts to a point where the average on a case is considerably more than one a week, may be symptomatic of a student's need to keep busy, and inability to handle the basic needs of the case. Within the limits of this study, no effort was made to analyze the individual student's case load with the aim of discovering whether the number of contacts per case seemed adapted to the type of service required. Cases on which there was an average of at least one treatment contact a week over a considerable period of time were listed as intensive treatment cases in conformity with the general usage of this phrase in this book (see Chapter II, page 18). Pre-staff intensive service was measured in terms of four or more contacts, as representative of the usual procedure in obtaining the social examination, in distinction to the special consultation cases on which in general not more than one and rarely two pre-staff contacts were made.

When so many factors unrelated to the ability of the student influence the number of contacts and cases, it may be questioned what the real values are which emerge from a quantitative estimate of students' work. It is believed that an analysis of the volume of work carried by the average student in training at the Institute may furnish a point of departure for others in planning student activity and may lead to a more economical and profitable distribution of student time within the limitations set by the requirements of the agency. It should be remembered, however, that some of the conditioning factors, exclusive of the individual student's own needs and capacities, which influenced case assignment and contacts on cases at the Institute, might have been to some extent altered or modified had the agency continued. Obviously as a result of progress in training methods, similar modifications may occur in other agencies in the future. For instance, more time might be released for the student so that she could handle a larger case load and carry a larger proportion of cases in intensive treatment. This, indeed, would be the logical outgrowth of refinement of techniques involved in supervision and in the team work relationship and of the development of criteria for treatability, closing of cases, etc. In a field of activity where so many important elements defy analysis and classification, it is perhaps all the more important not to disregard those relatively measurable factors which, if fully understood and interpreted in the light of all their implications, may contribute something to our store of wisdom and skill in making the training experience a more profitable one.

Experience and Age related to Volume of Work

Table 7 shows the average number of cases, case contacts, and cases carried on the basis of intensive work in the three

TABLE 7

DISTRIBUTION OF AVERAGE VOLUME OF WORK PER STUDENT BY EXPERIENCE. SMITH COLLEGE SCHOOL SPECIAL STUDY GROUP

VOLUME OF WORK	EXPERIENCE											
	First quarter				*Second quarter*				*Third quarter*			
	TOTAL GROUP	A	B	C	TOTAL GROUP	A	B	C	TOTAL GROUP	A	B	C
Number of students	57	28	14	15	57	28	14	15	57	28	14	15
Total cases assigned	9.4	8.7	9.4	11.1	14.0	13.0	14.2	15.9	16.9	16.1	17.1	18.4
Old treatment cases, total	6.3	5.9	7.1	6.4	7.1	6.6	7.4	7.5	7.4	6.8	7.9	8.1
Intensive treatment	2.5	2.5	2.4	2.5	1.7	1.6	1.7	1.8	1.4	1.0	1.6	1.9
New cases, total	2.3	2.0	2.1	3.1	5.0	4.8	4.6	5.9	5.6	4.3	6.4	7.4
Intensive service, pre-staff	1.3	1.2	1.3	1.5	2.6	2.7	2.0	2.9	2.3	2.6	2.3	1.9
Intensive treatment, post-staff	0.1	0.04	0.1	0.1	0.4	0.5	0.4	0.6	0.9	1.1	0.9	0.7
Total contacts	71	62	71	89	107	101	101	129	128	122	122	149

quarters for all the students of the Smith College School Special Study Group and for the three classifications according to experiential background. Table 8 presents similar material regarding volume of work for students of the New York School Special Study Group in relation to age.[7] In the first quarter, the term *Intensive treatment, post-staff* is applied to cases having had at least eight rather than twelve contacts, since in the initial period of orientation relatively few contacts were made.

On the tables showing volume of work, the figures for *Total cases assigned, Old treatment cases, total,* and *New cases, total* in the second and third quarters are cumulative and represent the entire average load of treatment cases carried forward from the preceding quarter and including those assigned in the given quarter. Cases that may have been closed during that period are also included.[8] Closed cases assigned only for follow-up visits are not included in the figures for old and new cases, so that the sum of the averages of these cases often does not equal the average for total cases assigned. The figures for *Total contacts* and cases carried in *Intensive service, pre-staff* and *post-staff* represent the work for the given quarter only.

Intensive service was distinguished from other service by the minimum of contacts mentioned above. However, it should be kept in mind that the minimum number of contacts was sometimes far below the actual number of contacts made on cases carried in intensive service. It might happen that a case would have as many as 30 or 40 contacts during a quarter. On the other hand, large numbers of contacts were rare on pre-staff cases, and when two or more siblings were treated simultaneously, it was arbitrarily determined to count

7 Each of these tables corresponds closely with the same type of table which was made out for the other school. For this reason only one table is given from each school.

8 See chapter iii, page 44, for definition of old and new cases.

TABLE 8

DISTRIBUTION OF AVERAGE VOLUME OF WORK PER STUDENT BY AGE. NEW YORK SCHOOL SPECIAL STUDY GROUP

VOLUME OF WORK	AGE														
	First quarter					*Second quarter*					*Third quarter*				
	TOTAL GROUP	22 YEARS AND UNDER	23–29 YEARS	30–35 YEARS	36 YEARS AND OVER	TOTAL GROUP	22 YEARS AND UNDER	23–29 YEARS	30–35 YEARS	36 YEARS AND OVER	TOTAL GROUP	22 YEARS AND UNDER	23–29 YEARS	30–35 YEARS	36 YEARS AND OVER
Number of students	33	2	20	9	2	33	2	20	9	2	33	2	20	9	2
Total cases assigned	8.1	7.0	7.2	10.3	8.0	13.3	11.0	12.1	16.3	14.0	16.3	14.5	15.4	18.9	15.5
Old treatment cases, total	5.3	3.5	4.8	6.8	5.5	6.4	5.0	5.8	8.2	6.5	7.6	5.0	7.3	9.1	6.5
Intensive treatment	1.3	0.5	1.2	1.6	2.5	1.1	0.0	1.3	1.0	1.0	1.1	0.0	1.2	1.2	0.5
New cases, total	1.8	2.0	1.4	2.4	2.5	4.0	4.5	3.6	4.6	5.0	5.4	7.0	5.2	5.6	6.5
Intensive service, pre-staff	0.9	1.0	0.5	1.6	2.0	1.9	2.5	1.7	2.0	3.0	1.5	2.0	1.4	2.0	0.5
Intensive treatment, post-staff	0.03	0.0	0.05	0.0	0.0	0.4	0.5	0.3	0.6	0.0	0.3	0.0	0.4	0.3	0.5
Total contacts	45	26	40	57	57	76	42	74	90	72	73	47	71	89	54

only the contacts for one sibling to avoid overlapping. Obviously, the total number of contacts, as shown in the table, is higher than if only the minimum number of contacts apportioned to the cases listed as intensive service were represented.

Examination of Tables 7 and 8 shows that the average volume of work varies in the three quarters. Interesting variations, as might be anticipated as the students progressed in training, are in the average number of total contacts (for example, for the Smith College group, 71 in the first quarter, 107 in the second, and 128 in the third) and in the average number of total cases assigned (for example, for the New York School, 8.1 in the first quarter, 13.3 in the second quarter, and in the third, 16.3). Progressively during the three quarters the number of new cases showed an increase, while the number of old cases remained about the same throughout, bringing about in the last quarter an essential balance between old and new cases.

While the figures on cases carried in intensive service are low, they are included in the tables for their suggestive value to those concerned with training. The variety of types of service given by student social workers, previously discussed, accounts to a large extent for the fact that relatively few cases were carried on an intensive treatment basis. In other words, the number of consultation cases, cases in which major responsibility was carried by the psychiatrist or psychologist, old cases nearly ready for closing, and so on, tended to some extent to keep contacts at a relatively low figure. The many other varied demands on the student's time, equally important to her progress in relating theory to practice, also influenced the number of contacts (see Chapter II, page 31). However, it is important to bear in mind the fact that these figures represent an actual and not an ideal situation, and that

a constant effort was being made in Institute training to refine the techniques of treatment service in order to meet more effectively the needs of the case, and on this basis to clarify concepts of what might be considered a reasonable average volume of work per student per quarter, and what proportion of this should be work on cases carried on intensive service.

The data presented in Tables 7 and 8 show no correlation between the volume of work carried in each quarter and the age and experience of the students. From the average figures for groups A, B, and C in Table 7, representing degrees of experience, it might appear that in the second quarter there is a trend toward slightly higher volume of work for the C students in the matter of total case contacts. The difference in averages, however, was found to be statistically insignificant.[9] All other averages for the A, B, and C groups shown in these tables are markedly similar within each quarter. Furthermore, the fact that there was no significant difference between the average volume of work for the total group of students and that of the groups distributed according to age or experience is suggestive that these factors were not of intrinsic importance in determining increase or decrease in quantitative production among the Institute students. In other words, no matter how often age and experience were utilized unconsciously by the students to play into their emotional patterns, thus helping or handicapping them in their work according to the nature of the emotional determinants, there was no curve of distribution shown in the tabulation to suggest that there was higher incidence of either constructive or destructive trends operating in the personality adjustment of students in one age or experience group rather than another,

9 See page 143 for discussion of the scattering of individual records and the overlapping of distributions which invalidate the significance of the differences in the averages.

so far as this may be gauged by capacity to carry an average volume of work.

It is of very real interest that, as the figures for the total groups show in Tables 7 and 8, the plan of the New York School, providing division of time between class work and field work, furnished the opportunity and the stimulus to the students from this school to approximate so nearly the volume of work carried by the Smith students, although the latter had considerably more time allotted to them. The average number of total cases and of intensive treatment cases was very nearly the same, but the New York School students aggregated fewer contacts. As we have already noted,[10] the average amount of time recorded for interviewing was approximately the same for students from both schools.

There are no adequate data available to determine whether, as seems possible, the Smith College School students with more time available for field work were at a disadvantage by not having more cases. However, comments made by students regarding their personal training experience as they viewed it in retrospect at the time of leaving are of interest. Since they were not obtained from all the students, it would perhaps be unsound to place too much value on the comments made, but it may be significant that on the whole the majority of students from the New York School reported that they had worked under considerable pressure and had as many cases as they felt could be handled with any degree of adequacy. On the other hand, the majority of students from the Smith College School stated that they had felt relatively little pressure and would have been able to carry more cases.[11]

Since, in general, it appeared to those responsible for case

10 For figures on distribution of student time see chapter ii, pages 37 and 38.

11 These comments were taken from reports of student interviews in the year 1931–32 when the *average* case load was the same for both groups.

work at the Institute that the needs of the clients were being met reasonably satisfactorily (within the limitations of therapeutic advancement as understood at the time by the staff), the probabilities are that an increase in size of case load could have been adequately handled, without sacrificing quality, by students who had as much time for field work as those from the Smith College School. The difficulty of carrying larger numbers of cases because of the necessary cooperation with the other clinical divisions, discussed on page 125, was undoubtedly a factor in slowing up intake of cases.

Experience and Age related to Quality of Work

Psychiatrists and psychiatric social workers will always be concerned chiefly with the quality of student work rather than with the quantity. Therefore, an attempt was made to estimate this and students included in the Special Study Group from both schools were classified by quality of work, according to their supervisors' estimates of their progress[12] in the training situation, as above average, average, or below average. Since such estimates were made quarterly, the number of students in each group would necessarily change from one quarter to the next, shifts in evaluation being made in succeeding quarters in accordance with the abilities or limitations revealed by the students in the course of training. Since many of the difficulties inherent in adjustment to a new situation are necessarily most marked in the first months, it was recognized that attempts to classify students' work in the first quarter should be considered even more tentative than in later quarters, and that ordinarily a considerable proportion of students who were in the below average group at first would later make very satisfactory progress in developing their potentialities for more adequate case work.

12 See chapter v, pages 99–113.

The distribution of students in the Special Study Group in the three quarters according to this tentative classification is shown in the first row of figures in Tables 11 and 12 (pages 141 and 142).

Because of the difference in opportunities and objectives in training, the three quarter students were not comparable in terms of progress in the training situation with the one and two quarter students. It was not possible, therefore, to com-

TABLE 9

DISTRIBUTION OF STUDENTS BY EXPERIENCE AND BY QUALITY OF WORK. SMITH COLLEGE SCHOOL AND NEW YORK SCHOOL SPECIAL STUDY GROUPS

QUALITY OF WORK	*Total group*	EXPERIENCE *A*	*B*	*C*
		Smith College School		
All students rated	57	28	14	15
Above average	32	14	8	10
Average	17	10	4	3
Below average	8	4	2	2
		New York School		
All students rated	33	9	5	19
Above average	16	5	4	7
Average	14	4	1	9
Below average	3	–	–	3

pare the figures in the tables with supervisors' evaluations for the total group of 289 students. But it is interesting to note that within the Special Study Groups of the two schools there is relatively the same proportion of above average, average, and below average students in the last quarter, about half

rating as above average and only a very small proportion rating as below average. These figures are significant in estimating both the personality equipment of students accepted for training and the qualifications of the students who left the Institute technically prepared to apply for positions in a psychiatric agency.

TABLE 10

DISTRIBUTION OF STUDENTS BY AGE AND BY QUALITY OF WORK. SMITH COLLEGE SCHOOL AND NEW YORK SCHOOL SPECIAL STUDY GROUPS

QUALITY OF WORK	*Total group*	AGE *22 years and under*	*23–29 years*	*30–35 years*	*36 years and over*
		Smith College School			
All students rated	57	13	29	9	6
Above average	32	7	17	5	3
Average	17	3	8	4	2
Below average	8	3	4	–	1
		New York School			
All students rated	33	2	20	9	2
Above average	16	1	7	6	2
Average	14	1	11	2	–
Below average	3	–	2	1	–

The distribution of students in the Special Study Groups from both schools by experience and quality of work and by age and quality of work as estimated by the supervisors, is shown in Tables 9 and 10. No correlation is shown between quality of work and age or between quality of work and previous experience.

It is true that we have no established norm for measuring personality and capacity for dealing sensitively and objectively with human beings. There was undoubtedly considerable variation among the supervisors in their estimates of the students' ability to utilize the training experience and adequacy in case work. There would be no justification, therefore, in putting too much weight on these evaluations. If, however, the tabulations are considered as suggestive of trends, they may be of real help in clarifying our thinking concerning the relation between quality of work and experience and age.

Quality related to Volume of Work

Ability to carry an ordinary case load is obviously a desirable asset both to the student and to the center where she is in training. Frequently the supervisor or others responsible for training may overlook the quantitative aspects of a student's work because of preoccupation with so many other aspects of training: building up the student's techniques in the handling of case work relationships, emphasis on community aspects of the job, etc. On the other hand, supervisors may place a tremendous emphasis on speeding up and increasing the volume of clinic service without appreciation of the individual student's ability to carry an ordinary case load and with a consequent lowering of the standard of case work. Fortunately, as time went on, there was at the Institute an increasing balance between two such extremes.

There are often situations, however, in which it is particularly difficult to reconcile the training needs of the student and the demands of clinic service. Even a seemingly well established balance may be disturbed by such normal changes as result from a growing awareness on the part of the community of the resources the clinic affords for help with its

problems, and the pressure on a progressive clinic staff to raise its standards of case work. Presumably up to a certain point these demands are not conflicting. It is conceivable that an agency may establish a norm for volume of work which does not threaten the quality of it, and may expect by and large an approach to this norm in the work of its staff members, students, and fellows. If there should be a more conscious tendency in training toward this sort of balance, a future criterion of a student's capacity for case work of a superior quality may have to be more closely related to an increasingly high standard of output before a student is estimated as above average in her capacity. On the other hand, pressure for quantitative output may in the future be offset by the growing trend in many case work agencies to adopt a type of therapeutic approach which demands so great an expenditure of the therapist's time that case load must be reduced unless a method is devised of terminating therapy within a few weeks.

All changes in concepts of social psychiatric therapy will naturally modify the theories which govern the training of social service students in psychiatric clinics or elsewhere. The Institute, while adhering in the main in its training program to the policies of the team work approach to case work, was continuously influenced by the changes in the philosophy of case work of other agencies and by all the psychological factors operating in the community as a result of the increased pressure on case work agencies which the financial depression brought about. Certain of these factors tended to influence the clinic in the direction of higher standards of both quality and volume of case work. Concurrently with this tendency, other factors operated to increase the number of cases and thus to bring about a still higher volume of work, in some instances, perhaps, at the sacrifice of quality of work. On the

other hand, the need for higher quality of work was sometimes stressed at the expense of output. In spite of such conflicting tendencies, a sufficiently integrated surface level was apparently maintained in adjusting the balance between volume and quality to insure stability in the training program and adequate response to the community's requests. Within the limits of this study it has not been possible to show how far these trends affected volume of work year by year, either for the group or for the individual; nor has an attempt been made to analyze the extent to which they influenced the supervisor's estimate of student ability.

Because of the lack of agreement among the supervisors and others concerned with training as to a tentative norm for volume of work, it was not possible to lay emphasis on this item in making evaluations of progress by means of the supervisor-student charts.[13] The relation of volume of work and quality of work remained on the whole undefined until analyzed in the course of this study.

Figures for the volume of work carried by the students of each Special Study Group, as a whole and as divided into classifications according to the supervisors' estimates of the quality of their work, are given in Tables 11 and 12. They show that the number of cases carried and the number of contacts made by each group within each quarter are approximately the same. Apparently, for the Special Study Groups, quality has no direct relation to average volume of work. It would seem, therefore, that there was little tendency on the part of the supervisors to adjust volume of work to the student's ability, a finding which is confirmed by the fact that the average volume of work for the total group from each school did not vary from the average volume of work carried by each group distributed by the supervisor's estimate.

13 See chapter v, pages 99–113.

TABLE II

DISTRIBUTION OF AVERAGE VOLUME OF WORK PER STUDENT BY QUALITY OF WORK.
SMITH COLLEGE SCHOOL SPECIAL STUDY GROUP

VOLUME OF WORK	QUALITY OF WORK											
	First quarter				*Second quarter*				*Third quarter*			
	TOTAL GROUP	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	TOTAL GROUP	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	TOTAL GROUP	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Number of students	57	21	17	19	57	23	15	19	57	32	17	8
Total cases assigned	9.4	9.9	9.7	8.8	14.0	14.3	13.8	13.8	16.9	17.0	17.9	14.7
Old treatment cases, total	6.3	6.4	6.4	6.1	7.1	7.4	7.1	6.6	7.4	7.9	6.8	6.9
Intensive treatment	2.5	2.2	2.7	2.7	1.4	1.7	2.1	1.4	1.5	1.7	1.1	1.5
New cases, total	2.3	2.8	2.4	1.7	5.0	5.3	5.1	4.7	7.0	7.0	7.4	5.9
Intensive service, pre-staff	1.3	1.3	1.3	1.3	2.4	2.7	2.6	2.4	2.5	2.3	2.4	2.5
Intensive treatment, post-staff	0.1	0.1	0.1	0.0	0.5	0.7	0.2	0.5	1.1	0.8	1.1	1.1
Total contacts	71	73	75	65	108	117	106	98	128	132	120	131

TABLE 12

DISTRIBUTION OF AVERAGE VOLUME OF WORK PER STUDENT BY QUALITY OF WORK. NEW YORK SCHOOL SPECIAL STUDY GROUP

VOLUME OF WORK	QUALITY OF WORK											
	First quarter				*Second quarter*				*Third quarter*			
	TOTAL GROUP	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	TOTAL GROUP	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	TOTAL GROUP	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Number of students	33	11	14	8	33	13	11	9	33	16	14	3
Total cases assigned	8.1	9.1	8.6	5.8	13.3	14.4	12.6	12.4	16.3	16.9	16.8	11.0
Old treatment cases, total	5.3	5.6	5.7	4.1	6.4	7.3	6.0	5.8	7.6	7.9	7.7	5.3
Intensive treatment	1.3	1.7	1.1	1.1	1.1	1.1	1.3	0.9	1.1	1.0	1.0	1.7
New cases, total	1.8	2.1	2.0	1.1	4.0	4.2	3.6	4.1	5.4	5.6	5.0	5.3
Intensive service, pre-staff	0.9	1.5	0.6	0.5	1.9	2.1	1.9	1.7	1.5	1.7	1.2	2.3
Intensive treatment, post-staff	0.03	0.0	0.0	0.1	0.4	0.5	0.3	0.2	0.3	0.1	0.6	0.3
Total contacts	45	51	47	34	76	81	74	73	73	76	72	63

Individual Variations underlying Group Averages

In interpreting the data presented in the tables, certain features underlying the averages must be kept in mind. The small number of students included in each group has already been referred to. While this makes the data of slight value statistically, they are none the less interesting as authentically indicating trends. What of course does not appear in the tables but is shown on the accompanying charts was the wide variation in the number of cases carried and contacts made on cases by the individual students in any one group, and the extensive overlapping of the individual records in the various groups. This extensive overlapping of group distributions as a constant feature of the students' records is illustrated in Charts I, II, and III.

As an example of the interpretation of these factors in comparing averages and drawing conclusions about group differences, the situation presented graphically in Chart I is interesting. The chart describes the distributions of the individual records of case contacts which are represented in the averages for the three experience groups of the Smith School Special Study Group in the second quarter. From the averages shown for experience groups A, B, and C in Table 7, it would appear that a higher volume of work as indicated by total case contacts in the second quarter was recorded for the C students than for the other two groups. As will be seen from the diagram, the distribution of contacts made by the C students in the second quarter and the distributions of the contacts of A and B students overlap considerably. Many A and B students made more contacts than the C group average, and correspondingly several C group students recorded fewer contacts than the averages of the A and B groups. Two students in the A group made considerably more contacts than any of the C students. The wide scatter of the records in each

group with extensive overlapping of the distributions of individual records accounts for the fact that from a statistical point of view the small differences between the averages of the three groups are not significant.

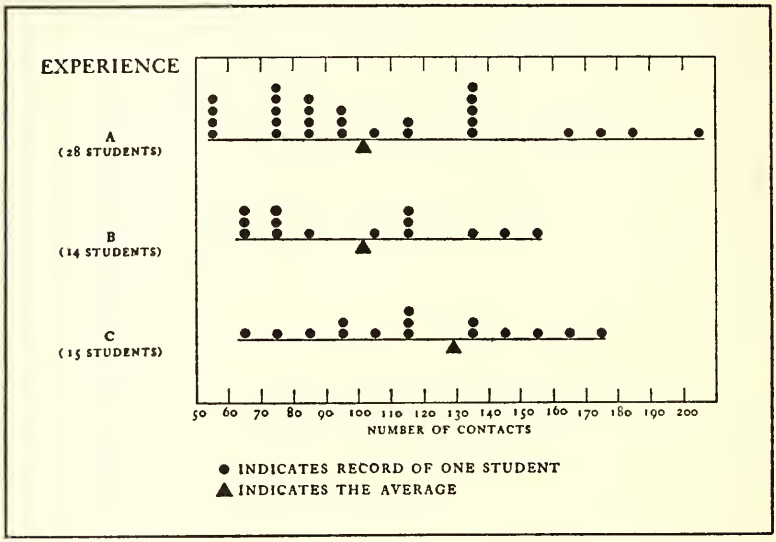

CHART I. DISTRIBUTION OF NUMBER OF CASE CONTACTS IN THE SECOND QUARTER AS RECORDED FOR THE STUDENTS OF THE SMITH COLLEGE SCHOOL SPECIAL STUDY GROUP, CLASSIFIED BY EXPERIENCE

Though group averages for volume of work as shown in the tables presented in this chapter were markedly uniform, there was rather wide variation in numbers of contacts for individual students of the Smith College School Special Study Group, as we have seen in studying the sample Chart I. This is true also of the New York School students (Chart II, number of contacts related to age, third quarter). A similar wide range of individual records was found in the number of cases carried in the different groups, as shown, for ex-

ample, in Chart III (Smith College School students, number of cases related to supervisor's estimate, third quarter). Such variation, it is interesting and suggestive to note, indicates that the Institute policies and philosophy of case handling

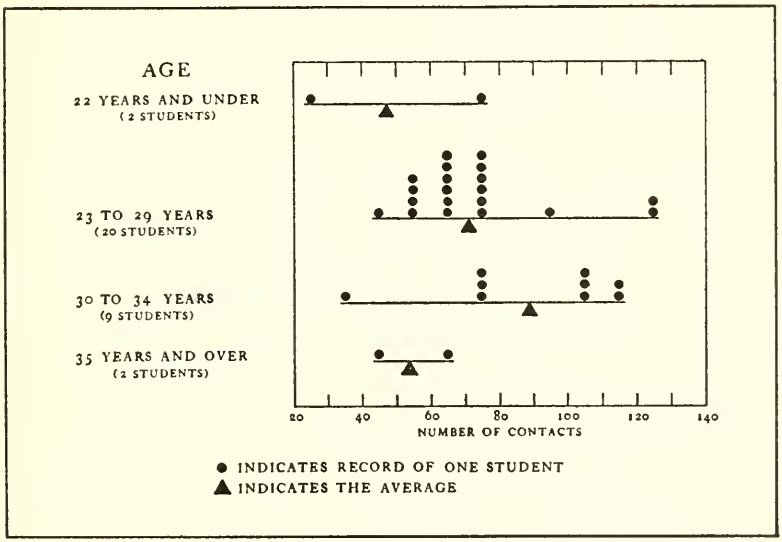

CHART II. DISTRIBUTION OF NUMBER OF CASE CONTACTS IN THE THIRD QUARTER AS RECORDED FOR THE STUDENTS OF THE NEW YORK SCHOOL SPECIAL STUDY GROUP, CLASSIFIED BY AGE

had only a limited influence on standardization of work for the individual. And whatever the actual factors were that contributed to this variation in quantity, in the study of this group of Institute students no trend has been shown to suggest that age, experience prior to entry, and ability in case work from a qualitative standpoint were of intrinsic importance. How far individual variation in volume of work can be controlled in the training situation to the profit of both cases and students, is a subject for further study. The uni-

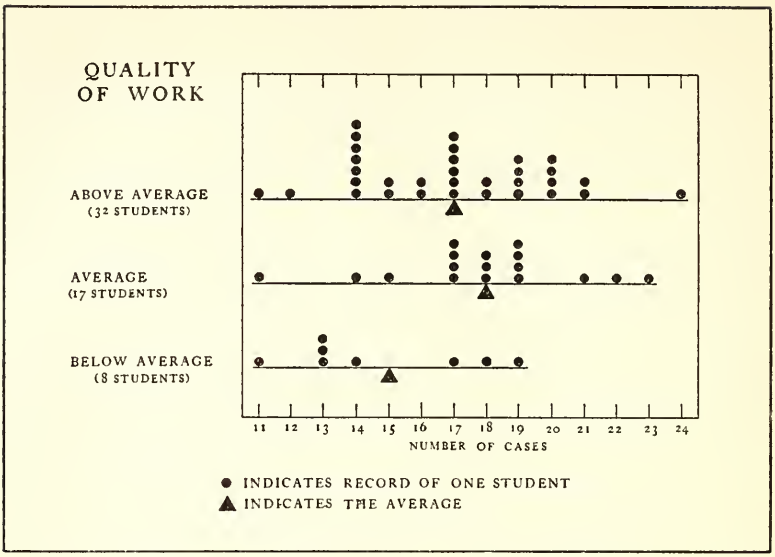

CHART III. DISTRIBUTION OF NUMBER OF CASES ASSIGNED IN THE THIRD QUARTER AS RECORDED FOR THE STUDENTS OF THE SMITH COLLEGE SCHOOL SPECIAL STUDY GROUP, CLASSIFIED BY SUPERVISOR'S ESTIMATE OF QUALITY OF WORK

formity in the average volume of work of the different groups studied is suggestive that the factors underlying individual variations elude generalization and group analysis. Some light may be thrown on these factors in the brief discussion of individual students given in Chapter VII.

Statistical Recording of Training Activities

While the findings based on the statistical data in this study have been negative, in that significant differences have not been shown between the work of different groups of students, such findings are obviously as important for purposes of clarification of our thinking on factors influencing student

adjustment to training as if the data had revealed trends indicative of differences. If we accept the fact that analysis of statistical data for groups of students has only a limited value in revealing broad trends in regard to adjustment to training the importance of such analysis is still apparent.

In an evaluation of students' work by means of a statistical analysis of volume, for example, we have one important means of estimating the focus and direction of their efforts.[14] Certain values unquestionably do accrue in case work from frequent contacts, even in some instances when these are on a superficial level, although they are obviously particularly important in carrying a case on a more intensive treatment level. It is part of the supervisor's responsibility to keep informed on this aspect of training no less than any other, and to estimate from it whether her students may be scattering their efforts in contacts on too many cases, or whether they are planning contacts wisely to yield their greatest value by focusing them on cases which need to be carried on a basis of weekly interviews. In fair case work accounting we can no more afford to underestimate such values when they exist than we can afford to inflate them beyond the point where they are an index of substantial achievement. While probably any evaluation of this sort to be of greatest help to the supervisor would have to be done on an individual basis, it is open to question whether group figures might not be made more telling by relating numbers of contacts to cases; for example, by presenting numbers of contacts per month, for a group, in terms of intensive or scattering, those which represented weekly contacts on a given case falling under the first heading, all others to be classified as scattering. If this method

14 For a method of recording contacts and service, see *Recording and Reporting for Child Guidance Clinics*, by Mary Augusta Clark (New York: The Commonwealth Fund, 1930), chapter vii.

proved successful in focusing the attention of the clinical group on trends in treatment, as it seems logical to anticipate, it presumably would be of help not only to the supervisors in revealing areas in which the students might or might not need more guidance but also to the administrative division in controlling intake of treatment cases versus cases for consultation only, and so on.

Without statistical records of clinical work, undoubtedly certain real values would be lost for it would be difficult to maintain even the flexible standard essential in a clinical set-up for handling intake with any degree of adequacy. Any administrator must be in a position to quote figures on cases accepted, referred to the different types of service, closed, treated, etc. Furthermore, in order to do intelligent planning for future work he must know in general terms what volume of work may be handled on an intensive treatment basis with a certain number of available staff members, either permanent or in training. There will undoubtedly, therefore, always be a place for figures as one method of making a rough estimate of such factors. However, in psychiatric organizations, perhaps especially in those functioning in connection with other branches of medicine where concrete specific services are stressed and tabulations of services are therefore more significant, there has sometimes been a tendency to place more value on the record of work done than was justifiable.

Though it is very important that the supervisor should constantly relate the student's statistical report of her case load and case contacts to her general progress in the training situation, caution should be exercised in the utilization of such statistical summaries. How necessary it is that expositional reports of students' work should fully interpret the statistics which they include perhaps becomes more clearly

understood in the light of the data and the conclusions presented in this study.

Concluding Comments

It would obviously be impossible on the basis of the figures presented in this chapter to make any formulations as to the volume of work which a student should carry while in training. A standard for volume of work must remain relative and dependent on the agency's dynamic and changing conception of its case work responsibility. However, periodic evaluations of the kind attempted here should be useful in disclosing whether current theories of the general amount of work that the agency should undertake correlate with actual practice; and if and where significant deviations from the norm tentatively established by the total group occur. In such analyses, the range of numbers of cases carried or of contacts made will also necessarily be of interest, and investigation into individual extremes either in overproduction or underproduction may be revealing in relation not only to student work but to supervision and balance in team work. Some of the training implications in the approximations to or deviations from the average volume of work of the Special Study Groups will be discussed in the following chapter in connection with the experience of individual students.

While extremes in volume of work, the very high as well as the very low, should probably always be open to suspicion, ability to keep up to the norm may not necessarily mean anything more than an ability to keep up to pressure in case handling and may reveal nothing else of importance in relation to the effectiveness of the worker, as the comparisons of volume and quality have shown in the case of the Special Study Groups.

All the students in social service who took their training at

the Institute were to a certain extent a picked group. This fact must always be kept in mind in an analysis of their work, though it should not obscure the issue here, since our primary concern has been to discover what the Institute experience might contribute to improve the techniques of selection of students in order to achieve increasingly careful discrimination. At this point we are prepared to say that the statistical analysis of the Institute's experience in student training substantiates our concepts of the primary significance of individual variation in ability to utilize one's capacities, and the relative unimportance of records of the succession of life experiences except as we understand how they have played into the individual's emotional pattern, either increasing or decreasing his needs and his adequacy in handling his relationships with others.

VII

EXAMPLES OF INDIVIDUAL TRAINING EXPERIENCE

IN order to get a more complete picture of the interplay of the quantitative and qualitative factors in achievement, a few examples of individual student experience will be briefly discussed.

Although in general no correlation was found to exist between quantity and quality of student work when groups of students were studied (Chapter VI), it was recognized that in individual instances subjective factors must influence volume as they obviously do influence quality. Furthermore, it was recognized that in the future in training centers it should be possible to bring about a relatively consistent and satisfactory adjustment of quantity to quality of student work in relation to the volume and type of service the agency is attempting to furnish. This may be done if the supervisors are more constantly on the watch for the emotional implications of increase or decrease in volume of work, the deviation being measured in terms of a more clearly defined, though necessarily tentative, norm for case work handling than many agencies have worked out for themselves in the past.

It was found in analyzing the tables in Chapter VI that the average for volume of work was approximately the same on the majority of counts for the Special Study Groups from both schools, thus establishing what may be taken as a tentative norm for the students at the Institute. The wide variations from this norm, shown in records of individual students, indicate that subjective factors must have had an im-

portant effect on volume of work. It was thought that the experience of a few individual students might throw light on the subjective factors involved and the supervisors' reports on six students have been studied with this in view.

The six students whose experience is here briefly summarized were all rated by their supervisors as below average in the first quarter of their training. Three continued to make an adaptation which was considered somewhat below average, while the other three made sufficient progress to cause their supervisors to classify them in the average or above average groups in the second and third quarters of their training.[1] These students were not selected because they were outstanding in any way from other students rating as below average in the first quarter. They varied among themselves in difficulties in adjustment to the training situation as is indicated by their records in succeeding quarters, but they were uniform in one respect, namely, that in the beginning they all showed evidence of being emotionally handicapped in integrating theory with practice. On this basis, it was thought of interest to discover from a survey of their records whether the emotional factors influencing the quality of their work at the beginning of training might be reflected in the volume of work carried by them at this time and also, as these emotional difficulties persisted or tended to resolve during training, whether there was a corresponding persistence or change in the volume of work.

The three students who remained in the below average classification throughout the three quarters of their training represent one of the most difficult of all training problems: namely, the extent of responsibility that should be assumed by the training agency toward apparently unpromising mate-

1 See chapter vi, page 135, for discussion of first quarter ratings in relation to those of later quarters.

rial. Should the inadequacies of these students have been considered sufficiently great at some point before the end of three quarters of training to justify dropping them from the training program in the agency? If we assume for the moment that this is true, when should this decision have been made, and what further responsibility should the agency, or the school, have assumed for steering them out of case work altogether, or into some other type of social work for which they seemed better equipped? It is probable that any supervisor or executive with a substantial background of case work experience would agree that these are problems about which one cannot generalize, and that each situation must be dealt with on an individual basis. On these terms, then, presumably there might on occasion be reasons for permitting certain students of apparently below average qualifications for psychiatric social work to remain for the full span of agency training as originally planned. This might be true, for example, of students whose maladjustment seemed to be definitely of a temporary nature, perhaps largely attributable to the training situation itself, with a fair prognosis for gradual resolution on the job; or again it might be true of students whose maladjustment appeared more deep-rooted, indicating need for psychiatric help, of which they were themselves aware and for which they were ready to make provision.

The volume of work carried by the six students in the first quarter did not deviate significantly from the average volume of work carried in the first quarter by the Special Study Group. As rated by the student-supervisor chart, however, they were uniformly considered immature in their thinking during this period. All but one had outstanding emotional difficulty in acceptance of supervision; four showed emotional blocking in the acceptance of subject matter and of social psychiatric concepts, and in the practical application of

such concepts to case situations. Three showed outstanding inadequacies in the timidity-authority range in approach to case situations.[2] Four were deficient in ability to carry cases on an intensive level, even when judged by the minimum standards set in the first quarter. On the whole, then, they revealed a marked inability to maintain an openminded, objective attitude toward the newer concepts and practices involved in the training situation. This was shown particularly in their poor adjustment to the demands of an unfamiliar and exacting clinic situation, and in their emotional responses to the challenge which newer concepts offered to formulations resulting from their earlier training. During the second and third quarters, the progress of these students shows an interesting variety which can be explained by individual differences in ability to adjust to the training situation. The records of the three whose work was average or above in the last two quarters, Miss P., Miss M., and Miss E., will be discussed first.

Miss P.

Miss P. was one of the students who showed considerable progress in the second quarter, rating in the average group in adjustment to the training situation. Although she had a somewhat smaller case load at the end of the second quarter, the number of contacts and of cases carried in intensive service was not significantly lower than that of the students in the above average group.

This student was twenty-six years old at the time of entering the Institute and was an experienced case worker in the field of child placement. In her position in a well known organization for child welfare, she had gained considerable se-

2 See page 105, Item 6, *Social approach*, for discussion of utilization and meaning in this study of the phrase "timidity-authority range."

curity and recognition in the agency and the community. Her outstanding difficulties in the first quarter were: immaturity of thought, resistance to the acceptance of supervision and subject matter, subjectivity, failure to grasp and use psychiatric principles, and superficial handling of case work issues. Her supervisor reported that "her ability to make a transfer from previous professional experiences was not wholly determined, though there were indications that she was tied to her past experience and had not 'gone over' adequately to the present situation."

In the second quarter she showed a decided gain in ability to handle her difficulties, with the exception of the tendency to identify so closely with certain individuals in her case situations, that she was not able to maintain her objectivity. The supervisor's report for the quarter goes into considerable detail concerning the way in which the student was led to work out some of her problems through discussion of concrete case situations, but the range of case assignments in relation to her needs is not discussed. In the summary of the training plan for the next quarter the statement is made that "the student is ready for more pressure" which seems to indicate that possibly the case load was kept low in this instance to allow the student time to work through the emotional difficulties which were handicapping her, on the theory that a large number of cases would tend to slow up her progress.

One possible lead to the thinking underlying this decision may be found in the supervisor's statement in the report for the second quarter, that in regard to one case the student postponed contacts a long time, being obviously fearful of handling the mother, who was of superior social and economic background, and that in another case the student was resistive to making contacts with the older siblings of a patient whose parents had separated, and neither of whom was

available for treatment. A larger case load assignment at this time may have been considered unwise because of the opportunities it would have afforded the student to scatter her treatment contacts and to postpone facing the issues in the cases on which she felt emotionally blocked.

In checking with the supervisor, the explanation of the situation given above was substantiated by her recollection. In spite of her attempt to lead the student to work through her tendency to project responsibility on individuals in authority, the student, she remembered, continued to show overdependence in the second quarter to some extent and to rationalize her feeling of inadequacy by saying that others could handle the situation better than she, or that at least any effort on her part would be destructive.

This reaction on the part of Miss P. seemed to be conditioned by a number of factors, among them the extreme insecurity she was experiencing in a new situation where the treatment emphasis was on the relatively intangible issues of shifting attitudes rather than on the more concrete aspects of investigation and placement, to which she had been accustomed in the particular children's organization with which she had formerly worked. The threat of finding herself in a situation where temporarily she was unequipped with the tools for doing an adequate job may easily have contributed to her tendency to reject, for some time, the total contribution of this new field and to fail to keep an openminded attitude toward the possibilities to be found in it. Each evidence of resistance on the student's part was met by the supervisor in terms of the individual case situation under discussion, an attempt being made, for example, to help her see that in her reluctance to make contacts with the older siblings in the case referred to above, her own fears and defensive attitude might create a like response in the client. It was pointed out

that when a worker attempts to effect a change in another's point of view, her own conviction of the value of the relationship becomes an important factor in treatment. In this instance, the student was quick to grasp the implication intellectually, but still found it necessary, because of her insecurity, to react emotionally on a subjective level in discussion with the supervisor. That she was able to resolve her conflict on this point to some extent, however, was evidenced in the report of a later contact with the patient's older sister, with whom she was successful in starting a good treatment relationship.

Other issues were handled as they arose, in terms of the individual case situation under discussion, with the result that by the end of the second quarter we find in the supervisor's report the following comments:

> Student . . . is gradually gaining confidence. . . . Interview technique is improving, not only through an acceptance of psychiatric principles, but also because of the gain in confidence due to an identification with the personnel of the Institute which she formerly lacked. There is some capacity for leadership and with the clearing of her confusion one would look for considerable growth this next quarter.

In discussing Miss P.'s problems and progress, the supervisor, after the lapse of several years, was still inclined to feel that her policy of keeping a low case load in this particular instance had definitely contributed to the student's progress, but that if there had been greater case pressure in the agency at the time, it would have been necessary to assign more cases and handle the problems arising from this pressure for the student as best she could. It therefore can be said in this instance that the student's program was controlled by her own needs only in so far as her needs did not conflict with those of the agency.

In the third quarter, Miss P. continued to show progress in her ability to plan and direct treatment in accordance with the social psychiatric principles which she no longer resisted, and which she was definitely assimilating and integrating as a part of her own thinking and feeling. Her emotional acceptance of supervision in the last quarter of her training was relatively complete, and released from her earlier conflicts, she became more effective in all aspects of her work, including the carrying of routine. It was felt, however, that since the adjustment she was working out was relatively new and incompletely established at this point, her potentialities for growth in future jobs could not be counted on with as much assurance as was the case with some of the other students. On this basis, and also because she had not yet developed an ability to do effective and consistently discriminating case work, her supervisor gave her a final rating of average rather than above average.

In this last quarter Miss P. carried a somewhat smaller case load than the average load carried by the students who were rated as above average, but in respect to contacts and cases carried in intensive service her record of volume of work was, as in the first two quarters, comparable to that of the above average group. The small case load in the third quarter might have been anticipated since, with such a slow start, administrative limitations would make it practically impossible for her to supplement her experience in the last quarter with enough cases to bring her case load up to the average level, even had this been considered desirable. In this instance, therefore, it may be said that the student's program was partially adapted to her needs during at least two quarters of her training, in that she was not exposed to the pressure of a large number of cases, limitations set by material available at the time in the organization being a con-

tributing factor in keeping down the size of the case load; but that in other respects the volume of work carried by her throughout was on the level of that of other students whose adaptation to the training situation had been more easily effected from the start.

Miss M.

Miss M. was the youngest and least experienced of the three students who rated as below average during the first quarter only. Shortly after the beginning of the second quarter, she showed so much improvement in freeing herself from overdependence on her supervisor, in initiative and increasing maturity of thought, in objectivity toward her case work, and in handling criticism of herself, as well as in her grasp and integration of theory and practice and in organization of her time, that it was felt she was showing evidence of ability to become a very adequate psychiatric social worker, and her supervisor considered she was actually somewhat above average as a worker.

In the third quarter she continued to show growth in independence and skill in handling case situations, and maintained her position in the above average group. In reviewing her work in the last quarter, bearing in mind her lack of previous case work experience, her supervisor felt it important that she have reenforcement in working out more adequate plans of treatment for her cases, based not only on awareness of the emotional implications in a situation—in which quality she rated high—but more specifically through emphasis upon the ways in which this could be utilized in making her relationship with her clients more dynamic and effective. She was especially in need of crystallizing the means available to her through her own case work techniques in the meeting of case issues in which she should assume an active rather than a

passive role when this was indicated. The organization of the time she had to give to necessary routine, while good, could have been improved, and her tempo was not sufficiently accelerated to rate as superior. Her knowledge of social resources and utilization of them in a case work plan was average, and record writing still showed room for improvement. The volume of work carried by her throughout the three quarters—measured in terms of size of case load, number of contacts, and cases carried in intensive service—approximated the average of the most adequate group of students.

Miss E.

Miss E., the third student who made considerable progress after the first quarter, showed abilities commensurate with the average student in the second quarter. As in the case of Miss P. and Miss M., the greatest evidence of improvement was in her attitude toward her work, rather than in the volume handled. As a matter of fact, in volume of work even in the first quarter she ranked with students of good ability. However, the immaturity she showed in thinking, her outstanding inability to maintain an objective attitude toward her cases or her own problems, and her resistance to supervision and to the subject matter of psychiatric case work operated to make her ineffective and "spotty" in her handling of case work issues. She was an experienced student, twenty-nine years old, who had had five or six years of case work and executive work in social agencies before coming to the Institute.

In the second quarter, Miss E. carried two more cases than the average assignment for the most adequate students and the amount of intensive work, both pre-staff and post-staff, done by her was equivalent to that of this group. Her total number of contacts, however, was somewhat less than

those made by the majority of above average students. Her supervisor's report for the quarter discusses her tendency to neglect making contacts on cases in which she was not interested, but comments on her definite improvement in attitude on all the other points which had proven most handicapping in her first quarter, such as a tendency to be dependent in her thinking, failure in objectivity, etc. As a result of this, the supervisor reported that she "makes better independent plans than formerly and organizes her time somewhat better. The reports of visits have contained more significant material on emotional attitudes. She is more conscious of techniques in interviewing and weighs more carefully the effect of treatment on her clients."

In the third quarter, Miss E. continued to show progress, both in handling her own problems and those of her clients, and was thought by the supervisor at this time to be proving herself to have somewhat more than average ability. The points of improvement chiefly stressed by the supervisor were her growing independence, better organization of work, closer attention to detail, and consistent carrying through of plans. One of her greatest assets throughout, even when she was going through the period of emotional upset in the earlier part of her training, had been a certain buoyancy and enthusiasm in superficial contacts which it was felt could be utilized to great advantage in an organization where selling a mental hygiene program in a community was an important part of the job. She had now accepted and assimilated the social psychiatric concepts which had caused her conflict at the start, and there seemed no reason to doubt that she was in a position to interpret them with understanding and conviction to others. While she was not outstanding in her qualifications for carrying cases on an intensive level, she did carry a few cases very successfully on this basis in her second and third

quarter. Her output of work in the third quarter as statistically recorded was higher than that of the above average students among whom she now rated, on the majority of counts.

In the case of a student who presented in the first quarter as many problems as Miss E., it might have been supposed that an attempt would be made to individualize her program more completely than for the ordinary student. In tracing her work through three quarters, however, it was evident from the records that in general terms of size and distribution of case load, numbers of examinations on new cases, and old cases carried in intensive treatment, there was no notable deviation from the usual assignments made to the most stable group of students. In scanning the supervisor's report, there is reference to the assignment of several treatment cases with outstanding family problems on the basis of the student's previous interests in this field. Since, however, this procedure of attempting to follow up a student's previous case work experience with first assignments containing some similar elements was frequently utilized, unless there were contraindications as to the value of this or unless such case material was not available, this does not have the significance that might otherwise accrue to it.

The only other reference to selection of cases is an assignment to this worker, used to handling a larger proportion of more quickly remediable situations, of a follow-up in the second quarter. This was done in order to give Miss E. an opportunity to do a brief specific job and thereby to gain that feeling of ready accomplishment which could not be obtained from work on cases where results were delayed and often unsatisfactory. It is possible, however, in order to approximate as closely as possible a well rounded type of experience for the student, that there was more selectivity in the assignment of cases than is anywhere recorded. Such selectivity

would necessarily be limited by the case material available, by emergency situations which had to be met and which sometimes provided a valuable challenge to the student reluctant to attempt them, and by the needs and limitations of other students working under the direction of the same supervisor.

Miss T., Miss S., and Miss R. were the three students in the group under discussion the quality of whose work was below average during all three quarters. Two of them, Miss T. and Miss S., carried a greater volume of work than the above average students throughout the training period; Miss R.'s output was low.

Miss T.

Miss T. was thirty-three years old at the time she entered the Institute. She was an experienced case worker who had been in the field of social work practically from the time she left college, and had held positions of responsibility in several large communities. Her difficulty in accepting the student role was marked from the start, the problem of finding herself deprived of the ego satisfactions of an executive job on a good salary being greatly complicated by the need to measure up to exacting standards of case work in an organization with whose methods and policies she was unfamiliar. In her effort to adjust to this situation, the student became upset and confused, her instability showing itself in relation to her supervisor, toward whom she was overdependent and rejecting by turns, and toward her case work. She showed slight ability either to assume responsibility or to carry on with any substantial understanding of the issues involved or the means by which they could be met. She worked spasmodically rather than at an even tempo, and altogether presented the picture

of a considerably disorganized individual, whose assets of obviously superior intelligence and keen sensitivity to the feeling of her clients were not being constructively utilized during her first quarter of training. Under these circumstances it may well have been a need to remain identified with the previous job which, at least in retrospect, must have seemed like a haven of security to her, that made her reconstruct to some degree the conditions of pressure she had experienced there, and so to hurry about, making large numbers of contacts. While she showed a slight improvement in the succeeding two quarters, chiefly in her grasp and use of psychiatric principles, in her sense of responsibility toward her cases, and in evenness of tempo in her work, she did not arrive at a real objectivity in her case work or an acceptance of supervision and of her place in the agency during her entire training period. Her relatively high output of work may then very possibly have been conditioned throughout by her tie-up to her previous job. It is, perhaps, of real interest in the light of this example, once again to remind ourselves of how little correlation there may be between the "lo, I am busy" reports which a student piles up for herself, and the estimate which her supervisor and others in the clinical set-up make of her accomplishment in terms of progress in effective case treatment.

Miss S.

Miss S. was the other student of the so-called below average group who maintained a high volume of work throughout the three quarters of her training. Her training experience is similar in some respects to that of Miss T. Though four or five years younger than Miss T. on entering the Institute, she rated among the most experienced group of students. She was considered very good material in the special-

ized field from which she came, and was personally very much identified with this field. She found it difficult to make the transfer to another type of case work and to accept the concepts and philosophy of evaluation of human behavior inherent in the mental hygiene approach. In supervisory conferences she frequently referred to the greater exactness and more "scientific" methods used in her former work, and was insistent on getting all the evidence possible to corroborate statements of her clients, in her obvious need to carry out her old patterns of investigatory processes. The contacts she made in order to obtain data for social examinations, for example, were multiplied beyond the most extravagant records formerly set in the agency, and her treatment contacts were hardly less prolific, revealing her tendency to uncover masses of inessential detail in relation to her clients' attitudes and activities and to deal with a great many unimportant minor concrete issues.

In one essential point this student differed markedly from Miss T. She was not scattering or spasmodic in her effort. Her work was excellently planned with a view to carrying out her own objectives, unrelated as these were to those of the agency; and she accomplished a great volume of work with an executiveness and dispatch which might well be the envy of many a worker better qualified to do intensive psychiatric social work. Her attitude and methods underwent very little apparent change during the three quarters of her training, in spite of a very real intellectual effort on her part to accept and identify with the mental hygiene viewpoint. In this case one might say that her outstandingly high output was actually an index of excellent work habits as well as the result of a need to prove herself effective in the more concrete social manipulative details of work when greatly threatened by her lack of ability to grasp and utilize social psychiat-

ric concepts and methods. As long, however, as this quality was not combined with others of major importance in dealing understandingly with human behavior, it was no indication of the student's capacities for psychiatric social work.

Miss R.

Miss R., the one student of the three in the below average group whose volume of work through three quarters was consistently lower than that of the above average students, was probably slowed up in the first quarter by the necessity for a minor operation. Although her absence of a week was not itself very considerable, some allowance for lowered vitality for a longer period should perhaps be made. The fact, however, that her output in the succeeding two quarters was also outstandingly low, suggests that too much emphasis need not be placed on illness as a factor in the situation.

Miss R. was twenty-six years old at the time of entering the Institute, and had had four years of consistent case work experience in one specialized field, in organizations of recognizedly high standards. She therefore, like Miss T. and Miss S., rated among the most experienced students. She was obviously overwhelmed at the start by the readjustment entailed in coming into an agency where there was much less pressure and a greater emphasis on intensive service than she was accustomed to. Instead, however, of reacting to this by attempting to recreate her former patterns and to attain some sense of security and accomplishment from a large volume of work, she showed a tendency to shrink from exposing herself to criticism on her case work methods and postponed making any contacts until the last moment possible. She showed great dependence on her supervisor, and her failure to show any substantial grasp of the principles of psychiatric social work in her first quarter appeared to arise primarily from the emo-

tional blocking resulting from her own sense of inadequacy rather than from any tendency to reject the concepts of the mental hygiene approach. In the second and third quarters she showed some improvement on both of the above points, as well as a gradual growth in assurance in handling emotional issues as they arose in her case work. There was, however, very little fundamental change in her attitudes throughout the training period, and in this instance, therefore, as in the case of Miss T. and Miss S., we seem to have a significant correlation between quantitative output and ability. In other words, the emotional blocking which prevented this student from thoroughly assimilating mental hygiene theory and integrating this in her practice, hampered her output to such an extent that this one factor might be considered a danger signal.

In the study of these individual examples of student experience some of the emotional factors influencing volume of work have become evident. In certain instances these factors operated to diminish the volume of work carried, as with Miss R. and to a less extent with Miss P. In others, volume of work was increased by these factors, as with Miss T. and Miss S. In the case of Miss M. volume seemed unaffected by her emotional problems. It remained about average throughout the training period though there was noticeable improvement in adjustment. The increase in volume of work carried by Miss E. corresponded to her progressive adjustment to the training situation. While, then, it appears that only through the study of the individual student's experience is it possible to detect the factors underlying variations in volume of work, it obviously may not be assumed that difficulties in adjusting to training will handicap a student in carrying an average amount of work; or that difficulties in making a prac-

tical application of case work theory will affect the volume of work carried by any two students in the same way.

Clearly, then, volume of work cannot be considered a reliable index of a student's progress in the training experience and should be accepted with reservations, and even then only in relation to a careful analysis, as a measure of her capacity for doing good psychiatric social case work in future jobs. Probably only a marked inability to carry an average amount of work should be considered a significant liability in the case of an otherwise well qualified student. In so far, however, as the record of a student's output may in certain instances show symptomatic evidence of the causative factors underlying her difficulties in adjustment, it may prove of help to the supervisor in clarifying for herself the student's problems.

In recapitulation it may be said that the analysis of volume of work contained in this study was made with the conviction, not that it is in itself of intrinsic importance, but that it has a value in throwing light on areas in our thinking concerning case work philosophy and policy and training problems which habitually need stimulation and clarification from every one of the sources available to us.

APPENDIX

ADJUSTED AVERAGES OF THE NEW YORK SCHOOL SPECIAL STUDY GROUP

As EXPLAINED in Chapter VI, the Special Study Groups were made up of certain students who had been in training for the years 1928–1932. Even though the group from each school during this period was small, the experiment was first tried of subdividing it into two two-year groups, as follows:

Smith College School students	
October, 1928—June, 1930	25
October, 1930—June, 1932	32
Total	57
New York School students	
October, 1928—June, 1930	15
October, 1930—June, 1932	9
Total	24

This procedure was followed in order to ascertain if some of the changing emphases in student training through these years were sufficiently marked to effect significant differences in the figures on case load and contacts. It was found that for the Smith College School students no such significant differences existed, average numbers of cases carried and of contacts being relatively the same during the two two-year periods. For the New York School students, the average number of cases was greater in the second two-year period than in the first, equaling the average for the Smith College School students, although the averages on case contacts remained approximately the same during the two periods. The figures for

average number of cases carried by the New York School students ran as follows:

	First quarter	*Second quarter*	*Third quarter*
1928–1930	6	11	13
1930–1932	10	15	18

It was decided that it would be of more value, however, in the statistical analysis of volume and quality of work, to use figures for the entire period 1928–1932 rather than to confuse the issues by discussing not only groups of students from two schools, but subdivisions within these groups according to arbitrarily determined time periods. There were only nine students in the New York School Special Study Group, in the years 1930–1932. Since it was recognized that the smaller group in 1930–1932 was more representative of the results of the mature training philosophy of the Institute than the group of 15 in 1928–1930, it was decided to double weight the averages of cases and of contacts for the 1930–1932 group and to add in the averages for the 1928–1930 group, the final averages being arrived at by dividing the total figures thus obtained by three. These averages, then, may be regarded as "adjusted averages" although for purposes of simplification for the reader, they will be referred to in the text as "averages" only, in the same way that reference will be made to "averages" taken from the figures of the total group of Smith College School students for the 1928–1932 period. The reader should bear in mind the fact that the adjusted averages for the New York School students represent a standard for case load that is somewhat less than the actual standard set by the New York School students in the years 1930–1932, although somewhat higher than that set by the New York School students in the years 1928–1930, and that this is to be recognized as only a device for showing an approximate trend in student work during these years, which cannot be interpreted too literally as representative of an actual situation. Corresponding to the double weighting of the 1930–1932 volume of work figures in obtaining averages, the nine students in the second period were given double weight in distribution tables, thus giving 33 as the number of students in the "adjusted group" which in the text is referred to as the Special Study Group.

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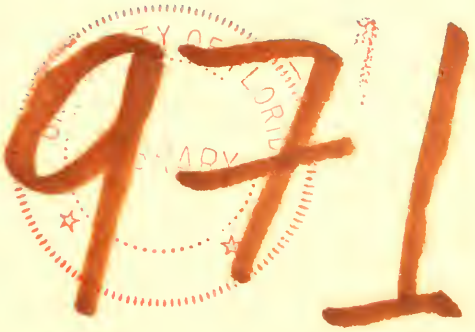
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